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N. S. DAVIS, M.D., EDITOR,
AND
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CONTENTS:

ORIGINAL CONTRIBUTIONS.		ABRIDGMENTS FROM EXCHANGES.	
The Administration of Emetics during Pregnancy, and their therapeutic Effects in Cases of Threatened Abortion, Miscarriage, and Premature Labor. By J. G. Stokes, M.D., Grayville, Ill.	1	Observations on Relapsing Fever as it Occurred in Philadelphia in 1869-70,....	40
Tobacco. Read before the Chicago Medical Society by F. A. Emmons, M.D.,	8	Skin Grafting,	42
Cases from the Note Book Robert Robson, M.D., New Harmony Ind.,.....	13	Syphilis of the Nervous System,.....	44
		Hair as Suture and Ligature,.....	45
		Minnesota as a Resort for Consumptives	46
		Liquid Glass for Stiff Bandages in Fractures,	46
		Effects of Alcohol on the Human System	47
		Large Doses of Ipecacuanha in acute Dysentery,.....	48
		Partial Paralysis from Reflex Irritation, ..	48
THE CLINIC.		BOOK NOTICES.	
Chronic Hydrocephalus. Clinic by Prof. N. S. Davis,.....	21	The American Practitioner: A Monthly Journal of Medicine and Surgery. By David W. Yandell, M.D., and Theophilus Parvin, M.D.,	49
Sub-Acute Rheumatism. Clinic By Prof. N. S. Davis,.....	25	A Tabular History and Analysis. By J. Baxton Upham, A.M., M.D.,.....	49
CORRESPONDENCE.		Surgical Papers of the Transactions of the American Medical Association, 1870	50
Diphtheria. By D. J. McMillan,.....	27	Annual Report of the Surgeon-General United States Army,.....	55
Science vs. the Senses. By Justice,.....	30	Transactions of the Twentieth Anniversary Meeting of the Illinois State Medical Society,.....	57
SELECTIONS.		Urea is Found in the Liver,.....	58
Death from Chloroform,.....	26	EDITORIAL.	
Syphilis of the Nervous System,.....	33	American Medical Association,.....	58
Heart Disease and Sea Winds,	34	Ophthalmology and Otology,.....	60
Simple Dressing by Continued Moisture,	35	Correction,	60
Intussusception in an Infant cured by Inflammation of the Bowel,.....	36	Mortality for the Month of November, 1870,	61
The cause of Dr. Simpson's Death,.....	37	When to Give Artificial Food to Infant,	62
Detection of the Adulteration of Quinine with Salicine,	38	Catheterism of the Larynx,.....	62
Tincture of Iron in Acute Rheumatism,	39	Money Receipts,.....	63
Stramonium Poisoning—Antidotal Power of Opium,.....	39		
Air in Wounds Innocuous,.....	39		
Death by Chloroform Prevented by Electricity,.....	40		

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1871.

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MEDICAL EXAMINER:

N. S. DAVIS, M.D., EDITOR.

F. H. DAVIS, ASSISTANT-EDITOR.

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Original Contributions.

THE ADMINISTRATION OF EMETICS DURING PREGNANCY, AND THEIR THERAPEUTIC EFFECTS IN CASES OF THREATENED ABORTION, MISCARRIAGE, AND PREMATURE LABOR.

By J. G. STOKES, M.D., Grayville, Illinois.

Although many physicians regard emetics as powerful and valuable restorative agents in a great variety of diseases, yet, I am not aware that anyone has ever recommended such potent agents in the treatment of threatened abortion, miscarriage, or premature labor. And, as I now attempt to present to the medical world, through her journals, the value of emetics in such cases; I, at the same time, am not forgetful of that strong opposition by which it will likely be met. Neither have I forgotten the *bitter* opposition which greeted Jenner when he promulgated his *great* discovery, by which the human system is rendered unsusceptible to the contagion of small-pox. And, Jenner's discovery has not been an exceptional one. Numerous instances could be cited, showing that quite a percentage of the most invaluable discoveries, both in medicine and surgery, have met with the most violent opposition, and that opposition frequently coming from men in the profession of great skill and wide-spread reputation; some of them, *great* luminaries, as it

were, of the medical world. But, notwithstanding this opposition, they have stood the test, and to-day are among the most important and reliable agents in our profession.

And, while I attempt to present the claims of emetics, given during pregnancy, to the favorable consideration of physicians, I do it with the fact borne in mind, that such a course of treatment is contrary to all the teachings of obstetricians, and to the generally accepted theory of the medical profession; not only so, but that it is, by them held, that emetics are very liable to bring about abortion of themselves. But, notwithstanding this, after carefully taking into consideration all their objections, they do not, in my opinion, detract in the least from the value of emetics administered at any period of gestation. Not only am I fully convinced from practical experience during the last six years of my practice, of the great value of emetics in many cases of threatened abortion; but, would unhesitatingly recommend their use in other affections, *where* indicated, at any period of gestation.

I am frank to confess, that during several years of my early practice, I myself, in common with my medical brethren, entertained my strong prejudices against their employment during pregnancy, but there has been a radical change in my opinions in regard to their effects.

And, why it is, that the medical world, for ages past, have not only discarded, but most emphatically condemned, the use of emetics at any time during pregnancy, I must confess I am unable to explain. And, when we take into consideration the fact, that nature is *continually* pointing to this agent as her *great* restorative, (her accomodater, as it were, to the gravid state), we are amazed at its opposition. Let us reflect over the vast numbers of women, that are daily vomiting during the early part of their pregnancy (termed moving sickness) and, may we not suppose this to be an effort of nature to overcome some derangement of the economy, which otherwise might interfere with the primitive growth of the foetus. Moreover, do we not frequently meet women who vomit almost continually, for days, weeks, and months while pregnant, and yet the fewest number of these ever miscarry under such circumstances.

I will further state, that emetics in cases of threatened abortion, miscarriage, and premature labor, have, in my practice, acted with more promptness, and with more permanent good results, than every other known remedy combined.

The first case upon whom I tested an emetic, was a lady that came under my care, having aborted three times in succession, in her previous pregnancies, and was now again pregnant, and laboring under symptoms of miscarriage; about ten weeks advanced. Her previous abortions had taken place about the end of the third, or beginning of the fourth month of gestation. She was very much troubled in mind, having so frequently aborted before, and very naturally begged of me to prevent a like occurrence, if in my power to do so. I gave her all the encouragement I conscientiously could, and resorted to all the remedies I thought admissable in such a case; at the same time, enjoining the strictest quietude on her part; but I soon found I could not manage her case, and after two weeks suffering, sometimes better and sometimes worse, she aborted in spite of all my efforts to prevent such a result.

About eight months afterwards, I was called to this same lady again, and found her, as before, laboring under symptoms of abortion, nearly three months advanced. I now confined her to her bed, the most of the time for three weeks, and attended her very close; the symptoms now abating and again augmenting; in the meantime, the mouth of the womb dilated to the size of a silver quarter, and blood sometimes escaping, but not abundant. Finally, after three weeks had elapsed, I was called to her in great haste, and on my arrival found her much worse, laboring under very severe pains, and quite frequent. And, now, having given up all hope of saving the child, I determined to empty the womb of its contents as soon as possible; and, for the purpose of thoroughly relaxing and dilating the os uteri, I left her an emetic composed of ipecac and tartarized antimony, and after telling the nurse how to give it, and telling her I would return in a few hours, I left the house. At the end of about three hours, I called to see her again, and found, upon entering the room, that the emetic had acted well, she having

vomited most thoroughly and freely, some ten or twelve times; but now the vomiting had ceased, and the lady was resting quietly, and free from all pain, every symptom of miscarriage having disappeared; and, from that time, until she was confined and delivered of a living and healthy child, at the full term, she had no more symptoms of abortion; but, on the contrary, was able to be up in a few days attending to her household affairs, which she continued to do until her labor came on. About two years afterwards, this same lady was delivered of another living and healthy child, at the full term, not having been troubled with her previous threatened abortion.

Finding that *the emetic* had such a happy effect in relieving her of every symptom of abortion, (contrary to my expectations, of course), I immediately adopted the same treatment in other cases; and, from that time to the present, I have employed it with the most *remarkable* success, never having found a case where it did the slightest injury. I believe it to be admissible in nearly, if not quite all cases; unquestionably, it is a safe remedy. Yet, an emetic will not relieve every case; where there are malformations of the uterus, or of the foetus, sufficient to interfere with its growth, or to destroy the life of the child, or when it is dead from any other cause, no remedy will be a success. And, again, where the symptoms have been brought about by external injuries received by the mother, or by the passions, such as fear, grief, anger, etc., or from any other cause where the symptoms are ushered in suddenly and very violent, the prognosis is generally unfavorable, and seldom yields to any course of treatment. And, in many of those cases where the mother is suffering from constitutional and hereditary disease, no mode of treatment will give permanent relief. Also, where the hemorrhage from the uterus has been very great, we can seldom expect to preserve the life of the child. But, in these *extreme* cases I contend that an emetic can do no harm; but in cases of alarming hemorrhage, may do much good by depressing the circulation, thereby suppressing the hemorrhage, and, in fact, where we find patients loosing large quantities of blood, the indications frequently are to vomit; it would seem to

be one of nature's modes of relief, for how *frequently* do we see our patients making efforts to vomit under such circumstances. And in all other cases where we have despaired of saving the child, an emetic often has a very happy effect in relaxing the parts so the ovum may the more readily pass out.

But more especially do we find that an emetic is *particularly* adapted to all continued cases of threatened abortion; and the very cases, too, that are so very troublesome and tormenting to the patient, as well as an *intolerable* annoyance to the physician.

Again, we are frequently called to women that suppose they are in labor at the full term, but whose labor will extend to one, two, three, or more days before they are delivered; and in such cases we usually find the os partially dilated with thickness and rigidity also; and are very apt to attribute the tediousness of labor to irregular and insufficient pains; when the truth is, many of those cases have not arrived at the full term of uterogestation. In all such cases I give an emetic, which will, if the full term has been reached, relax, and allow the mouth of the womb to dilate; followed by natural labor pains, which will soon terminate in delivery; else the pains will cease, and the woman remain comparatively comfortable until she has went her full time. I have witnessed many of these troublesome cases, where an emetic relieved all pain and distress, postponing the labor for days, or weeks, and sometimes longer; notwithstanding they believed they were in *real* labor, and said their time was up; when, doubtless, had we drenched them with the various teas so often resorted to in such cases, or gave enemata, and, finally, ergot, or some other emenagogue preparation, we should often have had children born prematurely.

And here I will pause to inquire, or suggest, whether or not this practice of assisting in the premature birth of children (a few days or weeks it may be), is not one of the great and prolific sources of so many infants dying in a few days, weeks, or months after birth. I doubt not, the early decay of millions of children are attributable to this cause alone. I am aware that I am using strong language in this connection, and my only

excuse is, the importance and gravity of the subject under consideration.

I greatly suspect that there are many, *very many*, practitioners of medicine, who, when called to these *so-called* cases of tedious labor, do not diligently examine into the cause, but, amid the hurry of perhaps an extensive practice, proceed at once to bring about the expulsion of the child from the womb, with as little delay as possible, instead of directing their treatment to some dyscrasia of the patient, or to a deranged state of the system. Quite a number of women will sometimes carry their children for days and weeks, and sometimes longer, with the os uteri dilated to a considerable size; and I have known a lady to carry her child for six weeks after the mouth of the womb was *fully* dilated, and yet be delivered of a living and healthy child at the proper time. And I am at a loss to understand how or why it is, that the writers upon midwifery and diseases of women have failed thus far to direct attention, *particularly*, and so clear and forcibly, as to arouse every practitioner upon this subject of unsuspected, but premature labor.

I confess that I am unable to give the *modus operandi* of an emetic in every particular case; but there are many things connected with the practice of medicine, and many phenomena, and changes of disease, which we know to be true, but cannot satisfactorily explain. The manner in which many drugs act upon the economy in overcoming disease, is left entirely to conjecture. The metastasis of mumps from the parotid glands suddenly to the testicles, we know is of frequent occurrence; but why it is, or by what agency the change takes place, we are left to wonder and speculate. So we may say it is with an emetic in many cases of threatened abortion and premature labor; we know the drug acted in some way to relieve all the symptoms, but how it did it we are not so positive, or so well prepared to explain. I have no doubt but the question will arise in the minds of many *how* it is that the remedy in one case will cause the os uteri to relax and permit it to dilate; while in others it will prevent such an occurrence, and destroy all pain. I frankly confess that, as a general rule, it is much

easier to ask than to answer questions correctly. But, in attempting to explain (to some) this seeming inconsistency, we only have to refer to the fact that if the patient be in a healthy and natural condition, the os uteri will relax and dilate in a reasonable length of time, after the symptoms of labor have made their appearance, provided the full term of utero-gestation is reached without the assistance of medicinal agents. On the other hand, should there be a derangement of the health, or a departure from a normal state, is it not reasonable to expect the labor may be abnormal, even *at* the full term? And let us suppose that this unhealthy condition is the cause of a rigid os, and if, in such a case, we vomit the patient *freely*, and thereby overcome this abnormal condition, may we not expect that labor will then proceed in a natural manner. Again, this lady is supposed to be in labor, but lacks a few days or weeks, it may be, of arriving at the end of her full term; yet she is suffering great pain, the mouth of the womb is dilated to a considerable size, it may be the os is rigid and *thick*, and the labor is tedious and protracted. Now, if this unpleasant state of affairs has been brought about by some derangement of the system, and should the effects of an emetic restore the system to a normal condition, may we not confidently expect all the symptoms of labor (premature) will subside.

The same train of reasoning will explain how an emetic may overcome all the symptoms of abortion, miscarriage and premature labor. But, in attempting to discover the *modus operandi* of an emetic in all such cases, its powerful revulsive effects should not be overlooked. It unlocks and restores the secretions, and has a very happy effect in righting up the digestive apparatus, and relieves the distress so much complained of during pregnancy, of sour stomach, heartburn, etc., etc., and tends to regulate the bowels by restoring the secretions. It also has a very decided and happy effect upon the nervous system. But I would not give any woman laboring under symptoms of abortion, an emetic as an initiatory step, but, as a general rule, would first give a *full* anodyne, by which so many are directly and permanently relieved; after which, if the symptoms are not

relieved, or should they return, (the bowels will most likely be locked—a favorable condition for giving an emetic), I would then proceed to give a *thorough* emetic, attend to it myself, and stop its action when I thought proper.

But, finally, in presenting the claims of emetics to the careful consideration of the practitioner in cases such as we have had under consideration, we do not wish to be understood as recommending their use alone to the exclusion of all other remedies, but, on the contrary, many of them are valuable agents when properly administered; even in cases where we give an emetic, other remedies are frequently of great value, some before, and others after an emetic has been given; but of all the remedies to which we can resort, I feel warranted in saying that *thorough* emetics are the most reliable, and, if properly administered by physicians of good judgment, will be to all ladies that desire children, but habitually abort, an *inestimable* boon.

And now, I only ask that the practitioners of midwifery and diseases of women give this subject serious consideration, and *thorough* emetics a full and fair test.

DEC. 2, 1870.

TOBACCO.

Read before the Chicago Medical Society by F. A. Emmons, M.D., Vice-President, Dec. 12, 1870.

Three hundred and seventy-eight years ago Christoval Colon, better known as Christopher Columbus, landed upon the shores of one of the islands of the Bahama group, and found the natives using the weed which we are about to consider.

Tobacco is supposed to have taken its name from the Indian term for the pipe in which it was smoked, or Tobacco, a province in Yucatan, where it was found in great quantities.

It consists of the leaves of the *nicotiana tabacum*, an annual plant indigenous to America, but which is now cultivated in nearly all parts of the civilized world.

The leaves are large, long, and of a pale green color; the flowers are of the same color, expanding above into rose-colored segments.

The leaves, when simply dried, are destitute of the peculiar narcotic and pungent odor which is present in the prepared tobacco.

This quality is developed by moistening the dried leaves with salt-water, and heaping them together in quantities; fermentation takes place, and, during this process the nitrogenous elements of the plant are decomposed and form ammonia, which appropriates a portion of the acid in the leaves, and liberates a portion of nicotia. This last named substance, along with the ammonia, produces the characteristic odor of prepared tobacco.

There are two active principles in the weed, *nicotia* and *nicotianin*. The former is an organic volatile alkaloid; the latter a concrete volatile oil.

It is the *nicotia* mainly on which the characteristic effects of the plant depend. Nicotia was obtained in its pure state about the year 1827, by a number of gentlemen, among whom were Messrs. Reimann and Passelt.

They obtained it by distilling the leaves with potassa or soda.

It is a colorless, transparent liquid, free from oxygen, but it contains a large proportion of nitrogen, it being composed of two equivalents of nitrogen, twenty of carbon, and fourteen of hydrogen.

Cigar-smoking was introduced into Spain at an early date, the custom having been brought over by companions of Columbus, who had acquired the habit from the natives of the West India Islands on their discovery in 1492.

John Nicot, (from whom the *nicotia* takes its name), Sir Francis Drake, and Sir Walter Raleigh were more particularly influential in introducing tobacco into Europe in the latter part of the sixteenth century, and, by their efforts, it was more prominently brought before the crowned heads, who encouraged its culture, and soon became addicted to its use.

This habit spread throughout the continent among all classes. Its cultivation has increased until it is a staple product of the country, and the demand for it is nearly equal to that of coffee and sugar, and it is apparently as indispensable, as is evinced by the orders of the war and navy departments of our own na-

tion and of England, it being issued with the rations of subsistence.

As a remedial agent, tobacco has been used with considerable success in a number of diseases, among which the following are the more prominent: Nervous cough, whooping-cough, spasmodic cough, epilepsy, dropsy, intussusception, spermatorrhœa, constipation, strangulated hernia, and tetanus.

In the treatment of *tetanic spasm*, this remedy is considered second to none at our command, unless it be opium and *calabar bean*.

In strangulated hernia, there appears to be no remedy better adapted to a thorough relaxation of the system, permitting an easy reduction of the tumor after other remedies have signally failed.

It is undoubtedly a valuable agent in constipation when there is a torpid condition of the bowels, superinduced by a loss of the secretory power of the glands.

It has its advocates in consumption, asthma, and all forms of spasmodic cough, neuralgia, spermatorrhœa, epilepsy, and various nervous diseases.

Experiments upon animals go to prove that its *active principle*, when administered internally or endermically applied, acts as a virulent poison, producing death in a very few moments.

Primarily in its action, it lowers the circulation, quickens the respiration, dilates the pupil, and excites the muscular system. Ultimately, the pupils become contracted, the respiration slow and labored, with trembling of the limbs, and faintness, retching, vomiting, convulsions, and, finally, paralysis of the brain and motor nerves.

When it is gradually administered, there is general debility and exhaustion, both of animal and organic life, loss of hair and the venereal powers, sloughing of the eyelids, and total blindness.

After death the blood is found to be deficient in fibrin and red globules.

The mucous membrane of the mouth, nose, and trachea are found softer, more tumid and vascular than usual.

The action of *nicotia* upon the human subject is not unlike that upon the inferior animals. In small quantities, it produces irritation of the fauces, and œsophagus, with abundant salivation; there is a general excitement of the brain, and nervous system, with headache, burning sensation on the tongue, and in the stomach, which soon penetrates the entire system. The mind becomes dull, and the individual remains in a drowsy, listless condition, with a sense of heaviness in the head. There is indistinct vision, and dilatation of the pupils, the eyes being peculiarly sensitive to the light.

The hearing becomes affected and the respiration frequent and laborious, with a feeling of oppression, and accompanied by dryness of the throat.

As the effect increases, signs of debility and exhaustion become more marked; the head cannot longer be held erect; the face assumes a death-like palor; the features are relaxed, and the extremities become cold—the chill gradually extends to the body.

These symptoms are followed by complete loss of consciousness; the respiration is now short, hurried, and incomplete, accompanied by trembling of the limbs; marked rigors, and severe spasms; the pupils become contracted and the sphincters relaxed.

The symptoms become alarming, and death may supervene by paralysis of the respiratory nerves.

Discontinue it, and there is a subsidence of the symptoms, and a gradual return to health.

Let us turn our attention for a few moments to the consideration of the effects of tobacco upon the system in a more general sense.

It must be admitted that tobacco, employed in any manner, has a powerful effect upon the nervous system. The effect is regulated by the amount used, the method of introduction, and by the peculiar idiosyncrasy of the individual.

Persons with an out-door or purely physical employment, are not so visibly affected by its use; indeed, it is often positively beneficial, when used with moderation, to persons exposed to a malarious or contagious atmosphere.

But in individuals of slender form and sedentary habits, and those of a nervous temperament, especially in early life, the effect is very marked, with an undue nervous excitement, sleeplessness, loss of flesh, and general debility. The effect is, no doubt, produced by its influence upon the system, the brain, or more particularly, the *medulla oblongata* and motor nerves, and manifests itself through the nerves of respiration and the sympathetic system, producing all the long train of symptoms found in those persons addicted to its extravagant use.

The influence of tobacco upon the system in the quantities and manner generally employed diminishes the amount of feces, lessens the amount of urea and chlorine, and *increases* the amount of free acid, uric acid, phosphoric and sulphuric acids, eliminated through the kidneys.

The sedative effect of tobacco upon the nervous system, and the general prostration produced by its use, is counteracted in a great degree by resorting to stimulants; hence the youth just ripening into manhood, commencing the use of the weed in order (as he thinks) to make himself manly, frequently indulges for the first time in the use of alcoholic stimulus, to counteract the effect of the tobacco, and it thereby often becomes a source of intemperance.

Yet, however much we may be opposed to intemperance, no doubt the use of alcoholic stimulus in some form should be encouraged in those persons addicted to the extravagant use of tobacco, if unable or unwilling to discontinue it—for alcohol, undoubtedly modifies the deleterious effect of tobacco upon the nervous system.

To my mind, some national characteristics are undoubtedly produced by the peculiar manner of its employment.

We are a nation of tobacco-chewers from early youth to old age; the *quid* finds its abiding place in the mouth of the American, and the attendant evils of every form of dyspepsia are plainly traceable to its use.

But if chewing is specially an American custom, so equally is smoking a German characteristic, and its effects are quite as plainly observable.

If chewing superinduces dyspepsia, and has, to a degree, rendered us a nation of dyspeptics, the abundant use of the cigar and pipe, and the studious habits of the Germans have made them a glass-wearing people.

The German student pursues his labors and whiles away his hours of recreation in a cloud of tobacco-smoke and finds his eyes need *aids*, which even spectacles too often fail to afford.

In conclusion, then, considering that the evil effects of an habitual or excessive use of tobacco *far outweigh the benefits which confessedly appertain to its moderate consumption under favorable and exceptional circumstances*, I would ask if it does not behoove us, as the medical advisers of the people, to discountenance the use (excepting only as a therapeutic agent) of an article whose active principle is second only to *prussic acid* in its rapidly destructive effect upon organic life.

MALPOSITION OF THE HEAD AS A CAUSE OF DIFFICULT LABOR.

Cases from the Note-Book of ROBERT ROBSON, M.D., New Harmony, Ind.

CASE I.

On the 6th of January, 1868, I received an urgent message from Dr. V., in a case of obstructed labor, which he had been called to see in Canton Township, and, in which, from the extreme violence of the uterine action, he feared rupture of the uterus, if the head was not soon extricated. It was the woman's third labor, her previous ones having been natural, and in every sense favorable. In this instance, symptoms of labor had come on the evening before: the pains had been feeble during the night, but towards day became very active, and at 7 o'clock the head was pressing upon the perineum to such a degree that the expulsion of the child was momentarily expected, but there it remained without any advancement whatever when I arrived about 11 o'clock, although the uterus had been, during the whole of the intervening four hours, acting incessantly, and so

powerfully, that its rupture was with some reason apprehended. On examination, I found the perineum and soft parts protruded by the head, they were unusually relaxed and yielding. I could pass my finger quite easily between it and the symphysis pubis, but at the sides there was no room—it seemed thoroughly wedged—the head lay transversely across the outlet of the pelvis, with the occiput resting against the tuberosity of the right ischium, and the forehead against the left; the head in such situation presents to the outlet the greatest possible dimensions which it is capable of assuming; its longest diameter resting its extremities on the opposite tuberosities of the ischia, while, at the same time, the parietal bones rest on the lower part of the sacrum and coccyx. Under such circumstances, the action of the uterus, however vigorous, seems totally incapable of effecting the delivery; the head could easily be raised into the cavity of the pelvis, but the next pain would force it back to its resting place. Under these circumstances, I proposed manual rectification of the displacement evidently existing, as I had done on similar occasions before, and having applied my two fingers along the sides of the forehead and parietals, I raised and pushed it backwards toward the right sacro-iliac symphysis, during the interval between the contractions of the uterus; I there retained it, and on the accession of the next two or three pains, I repeated the pressure backward, when soon afterwards the delivery was completed by the birth of a large, healthy-looking child.

It may be taken for granted, I presume, that every physician that has been engaged in obstetrical practice for any length of time, must have met, from time to time, with cases in which, while everything seemed favorable, and the labor apparently progressing to a desirable termination, when the head has become suddenly stationary in the cavity of the pelvis, and there remained for hours, or, perhaps, until a necessity has arisen for adopting instant means of delivery. The immediate cause of this species of arrest of labor, I am somewhat fearful is not as generally understood as it should be, though it requires only an intimate acquaintance with the mechanism of labor, and the

exact relation which the different parts of the child's head bear to those of the pelvis during the progress of labor, and their application to practice; with such knowledge, we should, undoubtedly, often remove difficulties by means easy, safe, and effectual, instead of resorting to the use of instruments, the application of which, however skillfully used, expose more or less both mother and child to danger.

Some very excellent physicians, are unquestionably deficient in the practical knowledge of difficult parturition, and it undoubtedly arises, certainly not from any want of capacity, but from an aversion to this special branch of medical practice.

RECTO-VAGINAL FISTULA.

CASE II.

Mrs. B., living in the town of New Harmony, having discharged her physician, sent for me in October, 1866.

On my arrival, I found the patient in the utmost distress imaginable, both mentally and bodily; the contents of the bowels passing per vagina, and attended with the most disgusting odor. After investigating the history of the case, I proceeded to place the patient in a proper position for examination; the parts being previously thoroughly cleansed. I then proceeded to introduce a Record-speculum, after removing one blade and the obturator, a light was brought to bear on the crown portion of the instrument, when the fistula, or communication between the rectum and the vagina became distinctly visible. The bowels having been freely opened before my arrival, I proceeded carefully to apply the argent. nitras to the edges of the perforated portion of the vaginal septum, after which, being aware of the very striking pathological distinction between mucous and serous surfaces, and the great difficulty of healing them when abraded or inflamed, I placed a wide slip of lint smeared with balsam copaib. carefully over the fistula to guard against the presence of mucus. The difficulty of healing, in such cases, does not arise so much from peculiarity of structure, as from the circumstance of the presence of mucus, which will not mix or amalga-

mate with the fibrin of the blood, and, therefore, prevents the formation of that bond of union which is essential to adhesion.

It is well-known to some, that the mucous discharge which is constantly running over the breach of continuity, is the cause why these injuries are so difficult to heal.

From the happy termination of the above case, the patient recovering in ten or twelve days, her evacuations passing the regular way, I have but little doubt the treatment will be found successful in lacerations or abrasions of mucous surfaces generally.

Throughout the whole treatment, the patient was sustained with small potions of liquid diet, and the bowels maintained in comparative rest.

MONSTROSITY.

CASE III.

On the 8th day of October, 1868, I was called to attend on Mrs. A., of Bishell township, Posey Co., the wife of a respectable farmer, and the mother of two lovely children. She had reached the full term of pregnancy. She was in labor on my arrival, the head presenting, her pains natural and effective, and, after a few hours, she was delivered of a living male child, of ordinary size, which, after a few respirations, expired. On examination, the posterior and superior portion of the brain was found soft, and covered only by the scalp, the parietal bones only partially ossified, and the entire os occipital wanting. The inferior extremities were also defective; the right was perfect, while the left terminated at the inferior portion of the femur, which was enlarged, forming a somewhat analogous appearance to the opposite knee-joint, and from which projected a foot, perfect in structure and of the same size as its fellow.

Such, and similar cases to the above must necessarily fall into the hands of every practising physician of long standing, and are, unfortunately, passed over by many without apparent notice or remark, either unwilling or too busy to spend time in the acquirement of pathological anatomy, which alone can ena-

ble them to detect the various morbid derangements of any, or of all the parts of the system; to trace their origin and explain the processes by which such monstrosities are produced. It is well known that many attribute much influence over the growth of the fœtus in utero to the imagination of the mother, something for which the mother has longed without being able to get it, or to some fright or object of terror, which is supposed to disturb the natural process of gestation, and mark the unborn child, etc. Such impressions are prevalent among the more ignorant portion of the people, and, unfortunately, some physicians of the present day entertain such antiquated notions. The perversions or lesions of nutrition, their metamorphic changes, etc., are, by such persons seldom thought of in reference to morbid alterations of structure, or monstrosities. Irregularities, or deficiencies of nutrition are often consequent on the distribution of the arteries and nerves in the embryo child; for wherever healthy blood is sent, accompanied with the necessary nervous stimulus, nutrition must be accomplished and the fœtus perfected, whereas any excess or deficiency of either must result in deformities.

Some one of our distinguished authorities, (I do not recollect who), maintains that monstrosities are connected with, or consequent upon, deficient parts of the nervous system; that with the absence of any nerve there is connected the absence of the organ to which the nerve belongs; and with the imperfect formation of any part of the nervous system, there is deposited the imperfect development of the organ which it supplies. If I am not incorrect, that same authority maintains that the nervous system is the first existing apparatus in the formation of the fœtus, and regulates the formation of the embryo, and determines the form. If these views are correct, we can have no further difficulties in accounting for monstrosities.

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PLACENTAL DISEASES.

CASE IV.

I was called to attend on Mrs. D., of Lynn township, Posey county, in her labor some time since, when, on my arrival, I ascertained that she had been in labor nearly six hours, and was much exhausted. Her pulse was rapid, rather small and weak. She complained of much pain and irritation of the whole uterine region, but, notwithstanding her labor pains were very inefficient, not more than every third pain apparently doing any good, she was delivered, in four hours after my arrival, of twins, one of them being a living, healthy-looking boy-child, and the other dead and in a state of putrefaction. The placenta belonging to the living child was of a healthy and firm consistence, while that of the dead child was apparently a cartilaginous mass, some portions of which were thoroughly ossified. During an obstetrical practice of about forty years, I have seen similar conditions of the placenta. In cases of this kind, the cause of death in still-born children is seldom inquired into, and there is, perhaps, no branch of pathology involved in greater obscurity than that connected with the foetus and its appendages in utero. Death is generally attributed to some disease affecting the child itself, neither understood or sought after, or else to a separation of a part or the whole of the placenta from the surface of the uterus. It is seldom that the condition of the placenta itself is examined, and as seldom that the child undergoes any inspection. That the placenta is liable to disease like every vital part, is abundantly proved by the fact that a part is not unfrequently found converted into cartilage. It may fairly be inferred that the placenta is subject to other diseases, and that these diseases must frequently be the cause of the death of the foetus, and of much suffering on the part of the mother. It is, perhaps, true that very few cases are attended with any difficulty, and that a certain scientific delivery of the child will generally secure a safe and prompt expulsion of the secundines, but this surely is no

reason why the diseases of the placenta should not be more minutely and scientifically examined, since it is only by viewing these subjects as presented by different practitioners, and under many phases, that we can hope to acquire knowledge of the confused and irregular operations of nature.

What morbid process or modification of nutrition the placenta undergoes before it is converted into bone, I am not prepared to say, though no doubt it succeeds much irritation or increased vascular action of the part implicated; yet in the above case no morbid action, or cartilaginous or osseous transformation was felt or suspected up to the time of the expulsion of the placenta.

ON SULPHATE OF MORPHINE AND ERGOT AS PARTURIENTS.

CASE V.

SULPHATE OF MORPHIA.—I have had frequent occasion to administer this article in labor, in cases of nervous irritability, with a view to its anodyne effect, when it has resulted in producing effects similar to the *Secale Cornutum*. Time after time I have realized this result. It is my impression that its *modus operandi* is to cause an increased irritability of the excito-motory nerves. I have used it in the absence of the pulv. ergotæ with equal success.

Dr. John Beal, of this place, for several years a practitioner, states that he has often witnessed the parturient effect of sulph. morphine, when its anodyne property was both desired and anticipated. We think that the parturient effect of this article must undoubtedly have been noticed by others, and we should like to hear from them on the subject. Such a property in the sulph. morphia would undoubtedly account for the many failures in the prevention of abortion where opiates have been given.

ERGOT.—Much has been written in reference to the deliterious consequences resulting from this article, when employed to facilitate labor.

I have had occasion frequently, during a large obstetrical practice of forty years in this locality, to use the pulv. ergotæ with a view to the expulsion of the fœtus, or to expel the hydatiform masses developed in the cavity of the womb, and, strange as it may appear, have never realized any bad results from it. I have never administered it before the os uteri was considerably dilated and the external parts relaxed, but most assuredly, wherever it acted at all, the termination of the labor was all right. I have been the more astonished at this, as I am aware of the abundance of testimony in favor of opposite results. I have often administered the article and repeated the dose without any effect on the uterus having followed, and therefore concluded that either the medicine was inferior in quality or the constitution of my patient was not susceptible to its action, yet, at other times, I have given the same ergot, when soon after, the pains would be severe and continuous until labor was completed, making it evident that some constitutions were not susceptible to its impression.

Some physicians doubt the efficiency of ergot in producing contractions of the uterus.

That the failure of this article in numerous cases, is attributable, either to the inferiority of the article used, or the want of susceptibility of the patient to its impressions, is very evident to me. That it acts promptly in many cases is also evident from the very different character of the labor-pains from those of ordinary labor—the one severe and continuous—the other more regular and intermittent. The failure of ergot, is, undoubtedly, often attributable to its inferior quality. While in England I witnessed its growth, and know that it is effected by a variety of causes influencing the season; a moist or wet spring and summer facilitates its growth, while a dry autumn secures its activity. If collected before the harvest, it was considered very energetic, and possessing the property of promoting uterine contractions, as well as preventing uterine hemorrhage; whilst that which was picked after harvest had little or no activity. This may explain, in some degree, the great diversity of opinion in reference to the reliability of this article.

Clinical Reports.

CHRONIC HYDROCEPHALUS.

Clinic by Prof. N. S. DAVIS. Reported by F. H. D.

MERCY HOSPITAL, *December 8, 1870.*

This little child has been brought in for your inspection to-day, as presenting a very good example of chronic hydrocephalus or dropsy of the brain. The entire head, you perceive, is enlarged to nearly twice the normal size, the bones being widely separated at the sutures. The occipital bone forms a firm fixed base, while the upper part of the cranium, yielding easily at the ununited sutures, gradually enlarges as the effusion increases. There is a peculiar bulging appearance of the eyes, caused by the pushing forward and downward of the frontal bone, decreasing the orbital space, thus crowding the eyeball outward and turning the axis of the eyes somewhat downward. The scalp is quite tense over the separated sutures, and the fluctuation very distinct upon pressure. The general nutrition of the body and limbs, is better than is usual in these cases.

This child is now about a year old. Its head was first noticed to be enlarging after an attack of fever, accompanied by derangement of the stomach and bowels, which occurred when it was three months old. The enlargement had been progressing about a month when the case was first brought to my office. From the rapid rate at which the disease was progressing, I judged that the child would live but a short time. It was, however, placed under treatment, and seen several times at short intervals. I then lost all track of the case, and supposed the child had died. A few days ago, however, it was again brought to me in the condition in which you now see it. During the interval since I had seen it last, the mother stated that it had been kept constantly upon the treatment that I had directed last. The size of the head has increased some, but the enlargement has not been so rapid or extensive as is usual in these cases.

The cases of chronic hydrocephalus may be distinguished into three classes. The first class includes the cases in which the disease is congenital. The child, in these cases, usually lives but a few days, although life may occasionally be prolonged for several months.

In the second class of cases, the child is apparently healthy at birth, and continues so until between the second and third months. It is then attacked with acute symptoms of restlessness and crying out in sleep. The discharges from the bowels are variable in character, frequently of a greenish color. Vomiting is frequent if the child is raised up. These symptoms continue for two or three days, when there supervenes an attack of convulsions, and the child will now be found to be laboring under all the symptoms of effusion on the brain. Previous to the occurrence of the convulsions, the pupils are usually contracted; after their occurrence, however, the pupils will be found to be widely dilated, and a want of co-ordination will be noticed in the eyes, the axis being turned in different directions. There may be but a single attack of convulsions, or they may be repeated several times. Some cases terminate fatally in a very short time; the fever increasing, the pupils becoming more widely dilated, the face pale, and coma and death supervening.

In young children, where the sutures are still ununited, the head easily expands as the exudation increases. The inflammatory stage and active symptoms then pass off; some restlessness and starting in sleep continues. The child cannot hold up or steady the head well. The muscles of the extremities are also weak, so that it cannot stand. The parents may, very likely, suppose for four or five weeks, that the child is improving and getting well, considering the debility and muscular weakness as merely the effects of the previous disease, but as time passes on the head is observed to be enlarging, the urine is scanty and the bowels deranged, passages variable in character. In two or three months the head will sometimes have attained the size of this one.

The third class, of which the case before you is a very good example, are of more obscure origin. There are no active

symptoms to commence with. Slight fever and restlessness, the stomach and bowels deranged, and urine scanty as in the other cases. The child acts as if in pain every time it is moved; no convulsions, however, supervene. In six to ten days the fever disappears, and only slight derangement of stomach and bowels remains, the food frequently passing through undigested—occasionally the bowels are constipated. In this way they will continue for perhaps a month, when it is noticed that the head is enlarging and the child is growing weaker. It cannot hold up the head, and is averse to the upright position. The surface generally is pale, the veins passing over the head are enlarged and blue. When the head is examined the sutures are found to be wide open. The intelligence is apparently unimpaired, there is generally considerable weakness of the extremities, so that it cannot stand, or attempt much use of his legs.

The pathology of this disease, except in the congenital cases, seems to consist of a low grade of inflammation in the pia-mater and arachnoid membranes. Hereditary tubercle frequently forms the starting point of the disease. When not traceable to this tuberculous origin, it usually originates from simple sub-acute inflammation. The inflammatory stage lasts but a short time. The effusion, however, continues.

The large majority of these cases terminate fatally, although some of the children live for a considerable time. In a case to which I directed the attention of the class some years ago, the child had lived to be four years old. The head had expanded until it had become heavier than all the rest of the body, and the child could not be supported in an upright position for even an instant without fainting. Another case, about the same age as this one, was brought before the class last winter, and was placed under treatment, although without any expectation of a favorable result. It soon began, however, to improve, and continued to progress favorably for three months, when I lost sight of the child, and do not know whether it finally recovered or not.

Treatment.—The books give no encouragement for the treatment of these cases. There are two methods, however, that

have been proposed, the one surgical, the other medical. The late Prof. Brainard was one of the first, I believe, to attempt the cure of these cases by the insertion of a small trochar, allowing a little of the fluid to escape, and then injecting a weak solution of iodine and iod. of potass. into the cavity. The theory was, that the contact of the iod. with the surface of membranes would stop further effusion. Some considerable disturbance, nervous twitching, etc., were produced at the time of the injection. These symptoms passed away in a short time, and no further effects were manifest from it. In one case, I think, he repeated the injection as many as six or seven times. No case of successful result from this operation has, however, been recorded.

The objects that I have attempted to accomplish by treatment in these cases has been, first, to allay the morbid excitement of the cerebral structures, and, second, to exert a gentle, persistent, and long-continued alterative and diuretic influence, avoiding carefully any impairment of the digestive organs. I have succeeded in accomplishing these purposes by the following prescription:

℞ Fl. ex. scutellaria ℥ ii.
Tinct. digitalis, ℥ ss.
Iod. potass., ℥ ij.
Fl. ex. hyosciamus, ℥ ss.

M.

Dose, 20 drops; four times a day, in sweetened water.

If the digitalis is found to be exerting too much influence, the dose must be diminished.

Mercurials are of no advantage in the chronic stage. During the early inflammatory stage, mercurials, combined with mild laxatives, might check the progress of the disease; and if promptly followed by efficient doses of the iodide of potassa, any considerable effusion would be prevented, except in such cases as are complicated with tubercular deposits. If effusion does take place, and the case becomes chronic, it will be better to unite the iodide with the digitalis, scutellaria, etc., as in the formula already given to you.

SUB-ACUTE RHEUMATISM.

Clinic by PROF. DAVIS. Reported by S.

MERCY HOSPITAL, *Dec. 16, 1870.*

This patient came here a week ago to-morrow; had been sick nearly a week previous. On admission, was laboring under a well-marked sub-acute form of rheumatism, complaining more of his lower extremities; knees and ankles swollen; quite painful and helpless. The inflammation then moved to the upper extremities, involving the elbow and wrist, first of one side and then the other, producing considerable swelling and pain, which was aggravated on movement.

On admission, finding with the above symptoms considerable fever and a harsh cough, he was put upon a solution of

R Muriat ammonia, \mathfrak{z} iii.
Tart. ant. et. pot., 2 grs.
Sulph. morph., 3 grs.
Syrup liquorice, \mathfrak{z} iv.

Given every four hours, alternately with a powder, consisting of Dover's powder 6 grs., bi-carb. soda 6 grs., hydrarg. chl. M. 1 gr., it being intended that the Dover's powder should be sufficient to prevent the calomel and soda from acting as a cathartic, while the two latter would exert an alkaline and alterative effect. I supposed, also, that the morphine contained in the muriate of ammonia mixture would aid the Dover's powder in allaying the irritation of the bronchial tubes, and, in conjunction with the tart. antimony and muriate ammonia, would be likely to give relief to the soreness in the chest. Continued this treatment four days, during which time the cough improved, the pain in the chest was relieved, and the pain and swelling in the extremities subsided. Thinking the calomel had been taken as long as was judicious, I directed it to be left off, and to give the Dover's powder and soda alone alternately with the ammonia mixture, but yesterday a pretty active disturbance of the bowels had supervened, with decided diarrhœa, pains in the abdomen, and sickness at the stomach. It

was not easy to attribute this to the action of the medicine, as I had already left out the calomel, which was about the only thing that would operate as physic, the muriate ammonia mixture generally constipating the bowels, unless combined with some laxative to maintain regularity.

I also noticed at this time a decided development of jaundice indicated by a distinct yellowish hue of the skin and conjunctiva. I attribute the diarrhoea to some irritation affecting the mucous membrane lining the hepatic duct, as well as the mucous membrane of the intestine. Ordered the ammonia mixture to be continued, and in the place of the powder substituted another, consisting of Bismuth subnit. 6 grs., soda bicarb. 6 grs., and morphia sulphas $\frac{1}{4}$ gr.

To-day the bowels are more quiet, the color of the skin much improved.

Last night and to-day he has a little rheumatism in his wrist and hands; I would direct that the ammonia mixture be now restricted to a single dose morning and evening, and give the powders every three hours, so as to get more of the influence of the soda and Bismuth upon the system, and less of the ammonia mixture, which is now not so much needed.

If the bowels continue to be quiet and the yellow hue of the skin disappears, he might have a tablespoonful of the following solution every four hours, so as to get a more efficient action of the kidneys. The morphine in the powders would prevent the pot. bitart. from having too much action upon the bowels. The solution consists of the following:

R Potas. bitart., \mathfrak{z} ij.
Potas. acetat, \mathfrak{z} iv.
Aqua dist., \mathfrak{z} viij.

M.

DEATH FROM CHLOROFORM.—O. K. Grant, of Brunswick, Me., about 40 years of age, and of late a clerk in the Census Bureau in Washington, died suddenly Monday, from the effects of chloroform, which had been administered by Dr. —, one of the ablest surgeons in that town, preparatory to an examination.

Correspondence.

DIPHTHERIA.

BIGGSVILLE, ILL., Dec. 10, 1870.

PROF. DAVIS—*Dear Sir:* There has been an epidemic of Diphtheria in this place and surrounding country, and I thought perhaps you would like to hear something in regard to it. It commenced here Sept. 20, and has prevailed up to this present time. The first case that occurred, a little girl 7 or 8 years of age, was violent from the start. She was taken with chill and violent fever, and followed within an hour or two with dyspnœa, tonsils and fauces covered with the usual white exudation; pulse rather full and frequent. The fever gradually cooled down, and in two or three days was nearly gone; but the dyspnœa remained for near a week. This case, however, was not a fair specimen of what followed. The next two cases occurred soon after, and had but little fever from the commencement to the close. In fact, if it had not been for the dyspnœa that came on the second or third day, with the weak and frequent pulse, there would have been no seeming cause for alarm.

It was only after the dyspnœa had increased to an alarming extent, that my partner, Dr. McDill, was called—too late to do any good; the disease had already done its work. The youngest died, and the oldest, after remaining speechless for some time, gradually recovered. In the meantime, two children (twins) nursing at the breast, took it, one after the other, and both died.

The next case that proved fatal was the youngest child of my partner, a little girl not 2 years old. In this case, as in the second that took it, the disease came on so stealthily, that its march was scarcely manifest until croupy breathing indicated the false membrane was down on the vocal cords. In about 48 hours after this hoarse breathing, the child was a corpse, notwithstanding the ablest medical counsel from Monmouth was called in.

From this, cases occurred in various parts of the town, and gradually appeared here and there in the surrounding country. The farthest case in our practice, (and there has none occurred around us), was nearly six miles away from town. The cases happening in the country invariably got well. The epidemic influence, whatever that was, would seemingly lie dormant by spells, there being times from its commencement in September when there would be no cases on hand; and what is generally the case with other epidemics was not the case with this, *viz.*, other epidemics commenced with fatal cases and shaded off quite mildly towards the last; this assumed the malignant form almost from the outset, then gradually shaded off to the mild, and seemed to have died out, when week before last a fatal case occurred, and then another in quick succession.

At the present writing, there are no bad cases, and but few of any kind. The sufferers have been principally children, not more than 3 or 4 adults, so far as known, having taken it, and they had it in its lightest form.

As to the sequelæ, but little after-effect was produced. In one instance, a large abscess of one of the posterior cervical glands occurred. One case that proved fatal was complicated with purpura.

With but few exceptions, in those cases that occurred after the disease had reached its maximum, the patients speedily got well. One fact I took notice of was, that when the disease commenced abruptly, with a high grade of fever, even though there was slight dyspnoea connected with it, the patient invariably got well, while in most instances where the disease came on slowly, with but little fever, the white patches gradually extending, then hoarseness, the case would end fatally.

In regard to the treatment; while physicians in various parts of this country and Great Britain have occasionally grown enthusiastic over certain courses of treatment, we have nothing to add to the already superabundant number of remedies; neither are we at all enthusiastic over the results of different forms of treatment, for we have tried several.

When we were satisfied that the exudation had reached the

lungs, and, perhaps, in some instances, only the trachea, we found with but few exceptions, that the different forms of treatment were unavailing.

The time-honored chlorate of potash, iron and quinine treatment seemed to do as well as any other; although in some instances where the patient could be got to inhale right, inhalations seemed to do good.

The inhaling material we generally used was after this formula:

R Iodine, gr. iv.
Idodide potassia, gr. iv.
Alcohol, ʒ iv.
Water, ʒ iv.

M.

A preparation of vinegar and sage was then made, *viz.*, a handful of sage was put into a pint of vinegar, which was brought to the boil in a vessel, and then put into a china or earthenware teapot, previously heated. A teaspoonful of the first preparation was then put into it, and the spout of the teapot was either placed at the child's mouth or nose, and the inhalation commenced. In the meantime, a lamp of some description was held under the teapot, to keep the fluid in it constantly boiling. The inhalations were repeated every few hours, and occupied, perhaps, on an average, ten minutes. We have never used inhalations alone, but only as an adjunct to other treatment, and only used it where there were symptoms of the trachea or lungs being affected. Where the child took it kindly, when there was dyspnœa, and where the preparation was rightly used, benefit seemed to follow. The great trouble, however, was to get the little patients to inhale; some could not be induced to inhale; and this is one reason why I write you this account. Is there any inhaling apparatus that can be used on infants and children in spite of their efforts to the contrary? The common apparatus with a mouth-piece for adults will not do much better than the teapot. If you know of any new apparatus that you could recommend, we would be much obliged for the information. It seems to us that medicated inhalations in bad cases

where the membrane extends into the lungs, along with other constitutional treatment, is the rational way of treating the disease.

Any new method of treating this disease that you can give us would be thankfully received.

Yours, truly,

D. J. McMILLAN.

SCIENCE VS. THE SENSES.

It has always been the office of science to separate that which is from that which only *seems*.

On the trial of a mal-practice case in the District Court of Clayton County, Iowa, in September last, an interesting contest arose between "liberal science" and the senses of plain, common people.

The alleged mal-practice was in the treatment of a fracture of both bones of the plaintiff's right forearm, at a point about four inches from the wrist.

The defendant was a "liberal and progressive surgeon," who, after the commencement of the suit, spent a few weeks in Chicago, in connection with a celebrated medical school of that city. It was but natural that the defendant should draw around him other gifted and liberal minds of his profession. Prominent among his new friends, was one R. A. Gunn, M.D., Professor of Surgery, Bennett Medical College, and one of the editors of the *Chicago Medical Times*, who, ever ready to sacrifice personal comfort in behalf of science, volunteered to be present at the trial in person, to assist the persecuted defendant by his testimony as an expert, and by his counsels as a friend.

On the trial, an inquiry was made touching the position of the injured arm during the treatment. The plaintiff, his wife, and some of his neighbors, testified that the hand was nearly prone when the dressing was first applied, and that it remained so during the subsequent treatment.

To rebut this testimony, the learned Professor was called to the witness' stand, who testified, in substance, "that if the hand were prone before the dressing was applied, it could not remain so one moment afterwards; that the ordinary pressure of the bandage required to fasten the splints, would inevitably change the hand from a prone position, to a position midway between pronation and supination, and that this result would follow whether the bones were whole or broken."

To demonstrate this theory to the jury, the learned Professor produced the bones of a man's forearm, the continuity of which had not been disturbed. These he placed in the relations which they assume in the living arm, where the hand is prone, the one crossing the other obliquely and then by a slight pressure near the upper end, the one was made to slip down by the side of the other, leaving them as nearly parallel as the shape of the bones would permit. The learned Professor, then very clearly showed, that in the living subject these bones are only parallel "when the thumb is up," and again drew the conclusion that the stupid witnesses for the plaintiff must be mistaken.

One of the attorneys for the plaintiff, however, unwilling to accept the situation, requested the learned Professor to use the living arm for the purposes of the demonstration, instead of those "naked bones tied together with a string." The proposition was promptly and cheerfully accepted, and for the experiment the learned Professor took the arm of the attorney who made the request. Placing the hand in a prone position, the Professor, applied, instead of pasteboard splints, two books, extending from the wrist nearly to the elbow, and, instead of the roller, he used his hands to give the necessary pressure. To the educated and professional reader it is unnecessary to say, that the hand instantly and "inevitably flopped up" into the desired position, but as the jury, country doctors, and other witnesses of the experiment, were plain, uneducated folks, with no guide but their senses, they *couldn't see it*. To them the position of the hand seemed altogether unchanged. The learned Professor, noticing this defect of their vision, attempted to change the apparent result by increased pressure on the books.

Still failing to change the appearances, he made one more desperate effort in behalf of liberal science, by a violent attempt to turn the hand in the position desired. Failing again, he quit the contest, assuring the jury "that the thing would work" just as he had stated, but the "inevitable mechanical result" had been prevented by the wicked will of the subject whose arm he had used. The learned Professor, of course, knew that the thing *had worked*, and he cunningly made this admission to the contrary, because it was too evident that the ignorant jury could not be made to doubt the testimony of their own eyes, and that the cause of truth, as well as the interests of the defendant, required a solution that would be satisfactory to them. That the learned Professor knew that the difficulty was in their vision, and not in the will of the subject, is evident from the fact, that when it was proposed that the experiment should be repeated on the arm of one of the defendant's own attorneys, or on the arm of one of the jury, the Professor gracefully declined.

It would be difficult to say too much in praise of the course pursued by the Professor during this trial. While the country doctors appeared only in obedience to the imperative process of the Court, and then took back seats, apparently indifferent to the result. The learned Professor not only volunteered to vacate his chair in Chicago, during this long and tedious investigation, but from the beginning to the close, he was seated within the bar, in close proximity to the defendant and his counsel, never failing to manifest his zeal for science by suggesting profound questions to be put to witnesses, by taking notes, and by smiling, frowning, or winking, as the changing circumstances seemed to demand.

Let no friend of "liberal and progressive science" be discouraged in consequence of any temporary defeat. Be patient and labor on. It took courtesies to convince the ignorant masses that the sun does not make a daily journey around the earth.

JUSTICE.

Selections.

SYPHILIS OF THE NERVOUS SYSTEM.

Dr. E. L. Keys read, at a recent meeting of the N. Y. Med. Jour. Association, portions of an extended and important paper upon this subject, based upon the clinical observations of thirty-four cases. It appears in full in the current number of the *New York Medical Journal*. We have space only for the summary of its conclusion:

1st. That nervous symptoms depending upon syphilis may arise within the first few weeks after contraction of an infecting chancre, or at any period later during the life of the individual.

2d. That it is presumable, from the study of published autopsies, that the earlier a nervous symptom (paralytic or otherwise) occurs, the less likely is there to be any material lesion which an autopsy can reveal; and that in a given case there exists no constancy of relation between the nature, the situation, and the severity of the lesion, and the nature, situation, and severity of the nervous symptom to which that lesion may give rise.

3d. That cerebral congestion is probably the pathology of many of the earlier nervous syphilitic symptoms.

4th. That syphilitic hemiplegia occurs, as a rule, without loss of consciousness even when the attack is sudden, but that the paralysis usually comes on gradually, the patient being under forty years of age, and having had fixed, constant headache for some time before the attack.

5th. That mydriasis existing alone or with other nervous symptoms, without positive disease of the eye, is presumptive evidence of syphilis.

6th. That paralysis of single muscles or sets of muscles are frequently syphilitic.

7th. That syphilitic paraplegia generally comes on gradually, often without any local symptom to call the patient's attention to the injured portion of the cord, and that is rarely complete. That the bladder always suffers more or less, and calls for special local treatment. That paraplegia may be developed as a symptom of inherited syphilis.

8th. That syphilitic epilepsy usually occurs after thirty in patients who have not had epilepsy in early life. That headache is liable to precede the attacks. That the convulsions

occur often, many in quick succession, the intermission between the series of attacks being comparatively long; but that, during this period, headache or other nervous symptoms exist and become aggravated, contrary to what obtains in idiopathic epilepsy. That syphilitic epilepsy is liable to be associated with or followed by some form of paralysis.

9th. That aphasia is often associated with the intellectual disturbances caused by syphilis.

10th. That loss of memory is a common nervous symptom of syphilis, as are also all forms of mental disturbance, from mild hallucinations and illusions up to actual insanity, and all these without any necessary accompanying paralysis.

11th. That inordinate emotional expressions are often associated with the mental weakness caused by syphilis.

12th. That care must be taken to distinguish certain symptoms caused by gout from the same symptoms owing their origin to syphilis.

13th. That the prognosis is better, as a rule, for nervous symptoms caused by syphilis than for the same symptoms depending on a lesion equal in extent caused by another malady of the nervous centres; but that, after the arrest of the disease, an indelible impression is often left upon the nerve tissue, which manifests itself by impaired function, and which treatment cannot overcome.

14th. That the iodide of potassium pushed rapidly to toleration, unless the symptoms subside before that point is reached, is the main outline of treatment. That mercury used at the same time or alternated with the iodide of potassium is often of great value in protracted or inveterate cases, and that tonics, change of air and surroundings, frequently influence the effect of treatment in a marked degree, and may become essentials to success.—*Medical Record.*

HEART DISEASE AND SEA WINDS.—In a lecture by Alfred Haviland, on the Geographical Distribution of Diseases in England and Wales, the lecturer stated as the result of careful investigation, that whenever the prevailing sea winds have uninterrupted access, there is a low mortality from diseases of the heart, and that the opposite condition occurs where the atmospheric tidal wave has not free access. The law may hold in England, but it certainly does not apply to San Francisco.

SIMPLE DRESSING BY CONTINUED MOISTURE.

Dr. Leon le Fort, in an article bearing this title, translated from the *Boston Medical and Surgical Journal*, says:

If we seek the indications which surgeons have attempted to fulfil by their various dressings, we find them as follows:

To exclude the air.

To change the condition of the wound, when expedient, by medicated dressings.

To maintain a certain degree of moisture.

To prevent decomposition of the pus taken up by the dressing.

To keep the wound clean.

To prevent the adhesion of the dressings.

To destroy germs which might be the source of infection.

A slight modification of the methods usually employed has enabled me, as I believe, to fulfil these various indications, as already stated. I have absolutely rejected all fatty agents whatever, and I extend the same proscription to diachylon, so far as fresh wounds are concerned; and in no case, at least in hospitals, do I use lint, because by the power of absorption it becomes the ready receptacle of infectious germs. I cover the wound with one or more compresses, saturated with a mixture containing one part of alcohol or camphorated alcohol, and nine parts of water; if the wound needs stimulating I add, according to the necessities of the case, a tenth part of a solution of sulphate of zinc. Over all I place a piece of oiled silk, kept in position by a few turns of bandage; and I take care that this covering shall be tight and entire. The evaporation of the fluid with which the compress is filled cannot progress, and the insensible perspiration, which occurs normally on the surface of the skin, being retained, the dressing becomes converted into a sort of continued bath.

Without the inconveniences of a maceration which distends the tissues and seems to lessen their vitality, without the annoyances caused by the necessity to use an apparatus applied with difficulty, I get the advantage of the bath of Mayor, Langenbeck, and Valette, and those indeed of continued irrigation. The sedative effect of the water, modified according to necessity by the use of medicated solutions, controls the inflammation and keeps it within the bounds necessary to the process of cicatrization. The pus, excluded from the air, undergoes no change; it remains indeed about the wound, but the air-tight dressing

showed us long ago the harmlessness of unaltered pus. The compresses cannot dry and adhere and are easily removed, and there is no fear of bruising the granulations. As regards cleanliness, it is seen at once to be absolutely attained. Finally, with respect to infection and the transportation of germs, the wound, being wet at the outset with alcoholized water, covered with compresses filled with the same fluid, and enclosed hermetically in an impermeable tissue, is fully protected from all contamination. This innovation upon a dressing in such general use, consisting essentially in the employment of a piece of oiled silk larger than usual, presents such an appearance of insignificance that I should have hardly dared to introduce it if it were not recommended by results which have convinced me of its efficacy.—*Medical Archives.*

INTUSSUSCEPTION IN AN INFANT CURED BY INFLATION OF THE BOWEL.

W. S., aged six months, admitted into Guy's Hospital March 28, 1870. The child appeared in perfect health until yesterday afternoon about four o'clock, when, while sucking a crust of bread, he suddenly screamed out, fainted, and became cold. The mother took him to a doctor, who gave him a powder, which made him very sick. He continued in great pain, and cried incessantly. At three o'clock this morning he passed a quantity of clotted blood per rectum, and this continued to run from him until he was admitted into the hospital, at 12 o'clock. The last faecal evacuation took place at noon the previous day.

On admission, the child was seen to be well grown, but face pale, and had a generally collapsed appearance. On examining his abdomen, a lump was distinctly felt to the left and above the umbilicus, which hardened when pressed upon. On passing the finger up the rectum, a round projection could be felt about four inches up, with a circular orifice in the centre. The finger, when withdrawn, was covered with blood. The case being thus clearly one of intussusception, Dr. Wilks ordered inflation of the bowel by means of a bellows. Chloroform was given, and an enema tube passed into the rectum, the other end being attached to the bellows. The attempt to inflate was at first unsuccessful, owing to the large size of the rectum; but by increasing

the width of the tube by wrapping a strip of lint round it, the colon was well inflated, and then the lump gradually went back until it quite disappeared. A drop of [tr.?] opium was ordered in a drachm of dill-water, and the breast to be given sparingly.

On the following day, March 29th, no lump could be felt. The child had been sick several times, and nothing had passed per rectum. To repeat the medicine.

March 30th, child very irritable; apparently much tenderness over abdomen, especially toward the right side. Occasionally sick. Passed a little blood, but no fæces.

31st, evidently better. Had a liquid evacuation with no blood, and sucks well.

April 1st, passed a natural motion, and altogether better.

2d, child apparently well, and taken out by the mother, who was somewhat discontented at the operation performed on him, as she never could be made to realize the severity of the case.

He remained well until the 10th, when he was brought to the hospital, having had fresh bleeding, and the lump could again be felt. The mother would not allow the child to be again taken in for the purpose of a renewal of the method which had been before so successful, but took him away for the purpose of procuring some physic for him; and no more was heard of the case.—*Lancet*, May 21, 1870.

THE CAUSE OF DR. SIMPSON'S DEATH.—Long a martyr to rheumatism, Sir James was, about two months ago, laid aside from active duty by a severe attack of *angina pectoris*, which recurred at uncertain intervals, and was accompanied by dyspnea, and latterly by some degree of dropsy. Though great danger was apprehended from the first, the issue was long and doubtful, and, up to a few days before his death, it was hoped that his valuable life might still be spared for some time, though a restoration to perfect health could not be expected. The end was, however, nearer than was supposed; and, after a few days of unconsciousness, he quietly breathed his last at ten minutes to eight, on the evening of Friday, the 6th of May. At the necropsy, the source of his sufferings and the cause of his death was found to be a large, dilated, fatty heart, globular in shape, and weighing eighteen ounces. At the apex of the left ventricle, the wall of which was thinned, an aneurism about the size of a pigeon's egg was discovered; all the other organs of the body were fatty. The arteries of the brain were atheromatous in a high degree. The brain itself, that imperial source of all

his restless mental activity, was found to be by no means large; it weighed only fifty-four ounces, and was consequently but little above the average of forty-nine and a-half ounces. It may be remembered that the brain of Cuvier weighed above sixty-four ounces, and that of Abercrombie sixty-three, so that Simpson's brain forms rather an exception to the rule, that mental power depends upon size of brain. On the other hand it formed a remarkable example of the more incontrovertible fact, that mental vigor depends upon the number of convolutions and the quantity of grey matter; for, on being exposed, the brain presented an appearance not soon to be forgotten by those who were privileged to see it, in the apparently increased number of the convolutions and their great size and development.—*Edinburgh Medical Journal*.

DETECTION OF THE ADULTERATION OF QUININE WITH SALICINE.—Dr. Solenén, says the *American Chemical News*, has comparatively tested the degree of accuracy and sensitiveness of the different tests in use for the detection of the presence of salicine in quinine, which, if made with the view of fraudulent adulteration, will always be at least at the rate of one per cent. of salicine or more, because less will not pay. The author employed three kinds of sulphuric acid, viz., the fuming, pure concentrated acid, free from arsenic and nitric acid; ordinary concentrated sulphuric acid of commerce, containing a trace of nitric acid; and, lastly, sulphuric acid, to which, purposely, nitric acid had been added. A watch-glass having been placed on a sheet of white paper, and a drop or two of the acids above referred to (each in a separate glass) having been poured therein, a few crystals of the alkaloid (sulphate of quinine) were put on the acid; if pure, there is no coloration, but even with one-hundredth of salicine, the two first-named acids caused a distinct red coloration, which did not ensue with the acid containing nitric acid. This latter acid was not even colored by pure salicine.—*Medical and Surgical Reporter*.

TINCTURE OF IRON IN ACUTE RHEUMATISM.—Dr. J. Russell Reynolds reports in the *British Medical Journal* eight cases of acute rheumatism successfully treated by the tinc. ferri chloridi. The pain was relieved very rapidly and convalescence speedily established. In some of the cases the heart was implicated. The quantity given was 50 or 60 drops every six hours.

STRAMONIUM POISONING—ANTIDOTAL POWER OF OPIUM.—A case of poisoning by stramonium, in which opium appears to have been useful as an antidote, is reported by Dr. Cheney in another portion of the *Journal*. The value of opium and belladonna as antidotes one to another, is not yet determined. Stramonium is so nearly allied to the latter, as to leave little room for doubt that it holds the same relation to opium. Children are rather fond of eating the seeds of stramonium, but the effects are rarely fatal. Many cases are reported in support of the mutual antidotal power of opium and belladonna; but the difficulty is to determine whether death would have occurred without the antidote. Persons recover from enormous doses of either narcotic, under ordinary treatment, or in some instances without interference. The nearest approach to death that we have ever known to be followed by recovery, was in a case of poisoning from laudanum, in which the patient—a female who contemplated suicide—continued to sink after the free use of the stomach pump, cold affusions, and other means. For several hours she lay in a hopeless condition, the heart and lungs scarcely exhibiting any perceptible movement. But she revived after all this. Had belladonna been administered, we should undoubtedly have ascribed the result to its antidotal virtue. The subject is one of great interest, and is open to further investigation.—*Pacific Medical and Surgical Journal*.

AIR IN WOUNDS INNOCUOUS.—Dr. Skey, of St. Bartholomew's (*Lancet*), repudiates the common view that the presence of air is injurious in wounds: "I remember hearing an eminent surgeon, when commenting on this commonly received opinion of the deleterious action of atmospheric air in wounds, assert that, had he undergone the operation for psoas abscess, he would have had the cavity of the abscess distended with air by a pair of bellows! In operations for empyema and hydrothorax, of which I have had a full share, I have never made any attempt to exclude air from the cavity of the chest; and I have published elsewhere one interesting case in which, in conjunction with the late Dr. Todd, we wilfully admitted sufficient air to fill a space previously occupied by six pints of serous fluid. This gentleman had not a bad symptom. In the largest example of emphysema from a broken rib I ever witnessed, the air distended the areolar tissue from the temple to the soles of the feet. It was all gradually removed—I suppose I must say absorbed—in the course of about ten days, except that contained in an enormously distended scrotum, which underwent no change in

size, and exhibited no sign of mischief. This I punctured at the expiration of three weeks. A sudden gush of air, having no offensive character, escaped through the canula, and the scrotum fell flaccid; and in two or three days had recovered its ordinary aspect and sensibility."

DEATH BY CHLOROFORM PREVENTED BY ELECTRICITY.—On the 22d of November, 1866, Dr. Danzel administered chloroform for the removal of a cancer. After this operation the patient ceased to breathe, and opening the windows, artificial respiration, and all other agencies proved of no avail, when recourse was had to electricity. One pole of the battery was applied to the neck, the other to the epigastrium. There was soon a movement of the muscles, and by degrees the respiration was restored. There is no doubt that death would have ensued without the application of electricity, and as this remedy has been applied with success in several other cases, it is worthy of note on the part of physicians generally.—*Journal of Applied Chemistry.*

Abridgments from our Exchanges.

OBSERVATIONS ON RELAPSING FEVER AS IT OCCURRED IN PHILADELPHIA IN 1869-70, is the title of a paper contributed to the *American Journal of Medical Sciences*, by Dr. J. S. Parry, of Philadelphia. The disease made its appearance in the early part of November, 1869. The first cases appeared in parts of the city filled with decaying garbage, traversed by dark and filthy alleys, and inhabited by people who lived, much crowded, in illy ventilated apartments. Every attempt to trace their origin has failed.

The disease is generally supposed to have its origin in want of food, although many authorities acknowledge over-crowding and typhoid poison as causes. At first the writer shared this view, but, with one exception, he found the persons effected to be well fed and some were even fat. The disorder did not occur among the "vagrant and unemployed," but heads of families afflicted held positions in stores and factories; hence, he was led to seek another cause for the malady.

He noticed that in nearly every case the patients were the subjects of over-crowding in their dwellings, and especially in their sleeping apartments; four or five persons often occupied a room 11 by 15 feet, and with little or no ventilation. To such an astonishing degree was this crowding and ill-ventilation found to exist that

his only wonder was that a worse scourge had not long before attacked them. Exactly this element of bad hygiene he believes to be the cause of the epidemic.

Dr. Parry is of opinion that this disease is contagious, as nurses sleeping with patients were invariably attacked, while other members of the family were less liable to be effected; yet he says if apartments occupied by the sick were well ventilated, they could be visited with impunity, and patients taken to well ventilated hospitals were not liable to propagate the disease.

When a patient is confined in a close room, the disease may spread until all members of the family are affected and have to be taken to hospital for nursing.

The disease may be carried by fomites, as was verified in a number of cases.

All the sufferers, with two exceptions, were Irish or born of Irish parents.

No age was exempt; it attacked old and young alike, and there were twice as many women as men, a fact doubtless due to the fact that men are more exempt from the evils of over-crowding and contagion.

The period of incubation was from seven to fourteen days. The invasion was almost always sudden, the patient being able to fix the time of the attack with great precision.

In adults a chill was frequently the initial symptom, which was often accompanied or preceded by headache, giddiness, nausea, and vomiting, and in children profuse vomiting usually began the attack. The cold stage was rapidly followed by headache, high fever, restlessness, insomnia, pain in the back and limbs, with rapid pulse; the tongue was furred; there were epigastric pains, nausea, and vomiting. These all persisted until the fifth, seventh, or ninth day, when they suddenly stopped, to be repeated at the end of the second week of the disease.

Studying the symptoms separately, the face was noticed, after the fever set in, to be flushed—red or purple. There was no dullness or stupid expression, such as is common in continued fever.

During the remission, and after the second relapse, the face was frequently pale, puffy, or velvety in its look. At the onset of the febrile stage, the pupils were normal or rather contracted, and remained so until the crisis, when they became widely dilated, even in a well-lighted room; this condition continued three or four days, and then disappeared.

The skin was always very hot during the paroxysm and, until the month of February, it was found in all patients dry; then it often was seen to be bathed in perspiration; this, however, neither gave relief or reduced the temperature.

When the temperature and pulse fell, the perspiration was excessive. The sweats at the crisis were frequently attended by an eruption of sudamina all over the body.

During the primary paroxysm, the tongue was coated white or yellowish-white, to become, after three or four days, red at its tip and edges. During the intermission it partly cleaned off, and, in the relapse, was in different cases moist, or dry and cracked, and a part or the whole of the coating came off; but during the last of the epidemic these latter phenomena were not noticed.

There was usually anorexia during the paroxysms, the appetite returning in the intervals. The bowels were, as a rule, constipated, both during the attack and remission; in exceptional cases, however, there was a slight diarrhæa. In all the cases there was the epigastric tenderness, with nausea during both the primary paroxysm and relapses.

In all the cases, there was enlargement of the liver and spleen.

During the primary paroxysm, the headache was constant and intense; but delirium, stupor, and subsultus, so common in typhoid, were wanting.

Insomnia was constant, often in spite of all remedies against it.

Severe pains in the back and joints were almost always present in the paroxysms, and often during the intermission.

During the remission and convalescence, a loss of power in the extremities for a few days was frequently noted, and numbness was not unusual in the limbs.

More or less prostration always existed, but it was slight compared with that in typhus or typhoid.

The pulse always rose rapidly, reaching in the febrile stage always as high as 110, and often 130 or 140. It was highest just before the crisis, and fell as rapidly as it rose; it often then became abnormally slow.

The heat of body is remarkable; during the fever it reaches 104 or 106 deg. F.; during the intermission, it falls below the normal.

In all cases, the urine during the fever was scanty and high-colored.

In but few cases was there a second relapse, and by treatment, in most cases, the disease can, Dr. P. thinks, be arrested before a relapse occurs.

All the cases recovered, though in some instances very slowly.

Quinine nor other anti-periodics have any power to cut short this disease. It seems as though the therapeutics of relapsing fever is "almost entirely limited to the diminution of the body heat, prevention of complications, and the relief of a few special symptoms." In this epidemic, the symptoms most difficult of relief were the insomnia and pain; they resisted all remedies; it seemed almost impossible to get the patients to sleep, although bromides and opium were freely used. Purgatives, although given in large doses, acted ineffectually or not at all. No remedy was found that would prevent the relapse.

SKIN GRAFTING.—Dr. J. J. Chisolm, in the *Richmond and Lou-*

isville Medical Journal, gives a description of this novelty in surgery, with records of cases in which he has practiced it. The process consists in the transplanting of epidermis into the raw surface of ulcers for the purpose of promoting their healing; it is, really, by engrafting a portion of epithelium in the sores, furnishing a new point of growth for epidermis.

It is a very common surgical experience to have a large ulcer heal kindly for a time, but, healing less rapidly each day, to finally cease entirely to lessen in size, and to baffle all attempts to induce healing. Epithelium can alone be produced by epithelium, and new integument to cover an ulcer grows only from the borders of that already existing; successive portions become less active and vital, and so it happens that after a while the reproduction ceases, and the cells on the borders of new surface tissue have just sufficient vitality to keep alive, but not enough to produce new cells. The reason why the old sores resist efforts to heal then is the absence of this procreative action.

By planting a few cells of healthy epithelium at various points in the unhealing surface of such ulcers, new centers of epithelial formation are established, which go on to the development of healthy skin, and form a complete covering for the raw surface.

This sound cicatrix of fully vitalized cells does not contract as much as is usual with the natural healing, and hence ugly deformities, such as come from extensive burns, may often be avoided.

The plan of M. Reoerdin is to snip out a small piece of healthy epithelium, with a pair of scissors, from the same trunk or thigh, of the size of half a rice grain. It should include some portion of the rete mucosum, as, if it consists entirely of the thin, horny scales of the epidermis, it will have no power to reproduce cells; in the rete mucosum the cells have the inherent power of re-producing thin skin when placed under favorable conditions.

In the operation of grafting, this little piece of tissue is thrust into a small puncture in the raw surface, and retained by adhesive straps.

These living cells very soon, absorbing pabulum from the blood and tissues, begin to proliferate, and the part perceptibly grows. It enlarges in every direction, and if the borders of the ulcer are not too far distant, or if a sufficient number of grafts have been made, they coalesce in time, with the inactive periphery, and the cicatrization is accomplished.

The rapidity of this process will depend somewhat on the age of the patient, as well as the number of points ingrafted; the younger the patient, the more rapid the growth.

Care should be used not to get too large a piece of tissue for the graft; and if it is thrust too deeply in the surface, it fails to take root, while, if too near the surface, it is washed away by the secretions of the part. Even when planted with care, all grafts do not grow.

It is usual that some days, often a week or two, must transpire before any good can be detected in the germs, and it is not until a month that they increase to the size of grains of corn.

SYPHILIS OF THE NERVOUS SYSTEM.—Dr. E. L. Keyes, of New York City, contributes to the *N. Y. Medical Journal* a paper forty pages long, on nervous syphilis, based on 34 cases treated by himself and Dr. VanBuren. The cases were all in private practice. Many of them presented several nervous symptoms at the same time, but, naming them by the most prominent symptoms, there were 14 cases of hemiplegia, 9 of paraplegia, 4 of epilepsy, 2 of facial paralysis, 1 of paralysis of biceps and deltoid, and 4 of intellectual derangement. There have been 11 recoveries, 10 have improved, 7 have died, and 6 have been lost trace of.

After detailing the histories of these several cases, and after extended comments upon them, the writer sums up as his conclusions from the study substantially as follows: Nervous symptoms depending upon syphilis may occur at any time during the life of the individual after a few weeks subsequent to the infecting chancre. The earlier nervous symptoms (paralytic or otherwise) occur, the less likely is there to be any lesion which an autopsy can reveal; and there is no constancy between the character of the lesion and that of the nervous symptoms to which it gives rise.

The pathology of the nervous symptoms in many cases is, doubtless, cerebral congestion. Syphilitic hemiplegia usually occurs without loss of consciousness, the paralysis usually coming on gradually, the patient being under 40, and having had fixed, constant headache for some time before the attack.

Mydriasis, existing alone, or with other nervous symptoms, and without positive disease of the eye, is presumptive evidence of syphilis.

Paralysis of single muscles, or sets of muscles, are frequently syphilitic.

Syphilitic paralysis usually comes on gradually, and is rarely complete; the bladder almost always suffers more or less from it, and requires local treatment.

Syphilitic epilepsy generally occurs after the thirtieth year, there having been nothing of the sort in early life; the attack is usually preceded by headache. The convulsions occur often, the intermission between the series of attacks being long, but during this period the nervous symptoms usually become exaggerated.

Loss of memory is a common symptom, as also are mental disturbances, from mild illusions to insanity. Aphasia is often associated with the intellectual disturbances. Inordinate emotional expressions are often associated with the mental weakness of syphilis.

The prognosis is better when the nervous symptoms are caused by syphilis than when like symptoms are due to an equally extensive lesion from another cause, but after arrest of the disease, there is

often left an impression, causing incurable impairment of function. The best treatment is large doses of iodide of potassium, (a drachm or two per day). Mercury at the same time, or alternated with the iodide, is often valuable in protracted cases. Tonics, and change of air and surroundings are always valuable.

HAIR AS A SUTURE AND LIGATURE.—Since 1868, Dr. Darby has experimented to a considerable extent upon this subject; he was led to do this in view of the embarrassment surgeons have at times felt in the want of a material for sutures and ligature which possessed all the requisites such material ought to have, of strength, flexibility, pliability, non-absorbing power, and absence of any tendency to irritate. Hair seems to possess these qualities in an eminent degree; his experience with it has demonstrated its title to a place among the valuable materials for this part of the surgeon's work.

He takes clean black horse-hair, using one, or several hairs twisted together, according to the strength required in each particular case. The common surgeon's knot secures amply the ligature, or suture, but care is necessary that the hair is not twisted in folds, as it is likely to break at such points, and that the nails are not used in drawing the knot, as the hair may be thus easily cut through. Before using the hair, he washes it in a solution of carbolic acid, three or four grains to the ounce, to destroy any noxious material that may be upon it.

He has used hair in amputations, removal of tumors, incised wounds of the scalp, penis, scrotum, neck, trunk, eyelids; in mucous membranes of the eye, mouth, arms, rectum, and vagina, in all of which immediate union is desirable; and, in most of the operations, gives it preference over all other materials.

In wounds of the rectum and vagina it is inferior to metallic sutures, from the difficulty of tying in so narrow cavities; the twist with the metal is more easily made. When wounds of these cavities are more superficial, the hair is the preferable suture.

In wounds of tissues which are lax and delicate, such as the eyelids, scrotum, and penis, the hair is superior to the metal, for being unirritating it leaves no scar, its pliability allows of its accommodation to the folds of the tissue, and its elasticity facilitates its easy withdrawal.

In operations upon the eye and its appendages, it is more advantageous than silk, flax, or cotton; any irritation to the parts that might accrue from the stiff ends of the hair is obviated by leaving the sutures long enough to be fixed to the cheek by adhesive plaster; or the same object may be gained by using human hair, or that from the ox's tail, which are so fine and soft that the ends may be cut short without fear or injury to the lids.

He has allowed sutures to remain in wounds from ten to twenty days without irritation.—*Richmond and Louisville Medical Journal.*

MINNESOTA AS A RESORT FOR CONSUMPTIVES, is the caption of a brief article by Dr. Adams, of Waltham, in which he shows, from meteorological and other statistics, that the winters of Minnesota are about equal in temperature to those of northern New England, while its summers are as warm as in Central Pennsylvania, the mean of the former being 16 deg., and of the latter 70 deg., F. But in winter there is very little rainfall, (snow being measured as rain in the proportion of 12 to 1); hence the atmosphere is very dry, and with the low temperature, has very little conducting power of heat. To this dryness of atmosphere Minnesota owes its reputation as a resort for consumptives, and it is not wise to send such patients there until the late autumn, for its rainfall in summer is equal to that of New England, while its temperature is higher. It is during the cold and dry season that phthisis is there most benefited; and it is benefited mainly because of the invigoration the climate is likely to give to the digestion and nutrition. In those cases of phthisis, however, in which acute inflammatory symptoms are of frequent occurrence, or in which bronchitis exists out of proportion to the local lesion, the dry, bracing quality of the air is too stimulating, and acts as an irritant.

He quotes from Dr. Flagg, of St. Paul, who says that in his experience the patients most likely to be benefited are the purely tuberculous, in whom cuchemia is early developed, and the inflammatory processes are mostly absent; those who have hemoptysis early, and who are described as "relaxed," and wanting in "tone" of mucous surfaces. "Those in advanced stages of phthisis" "often derive positive harm." "The existence of a cavity of any extent, with pus-producing surface, should prevent a patient coming here;" patients in whose lungs there is a large deposit of tubercle rapidly undergoing softening, should not be sent." Those who are subject to inter-current attacks of bronchitis, or who suffer from a sense of "constriction," to use a patient's term, during cold, dry winds, are not very suitable cases.—*Boston Medical and Surgical Journal*.

LIQUID GLASS FOR STIFF BANDAGES IN FRACTURES.—Dr. John Darby, of South Carolina, lauds very highly liquid silicates for an immovable dressing; he regards it as superior to any of the substances heretofore in use, on account of its neatness, durability, strength, and ease of application.

He first envelopes the limb in wadding or cotton, putting a larger bandage over it; this is then saturated with the silicate, it being applied with a painter's brush. Another bandage is applied over this, and the liquid glass painted on again. Strips of muslin, paste-board, felt, or veneering wood, soaked in the liquid, may be applied on different parts of the dressing, making the whole of any thickness and strength desirable.

After the dressing is completed, the limb must be kept perfectly

motionless until the material hardens, which will require at least as many hours as there are layers of the bandage, and perhaps many more; from eight to twelve hours usually suffices.

In removing, the scissors or knife is used. Whenever a limb is required to be kept in a position of absolute immobility, he regards this a very superior dressing.—*Author's Pamphlet, Etc.*

EFFECTS OF ALCHCOL ON THE HUMAN SYSTEM.—Drs. Parkes and Wollowicz made experiments upon a healthy soldier, to determine the physiological effect of alcohol. The man was given, for several days, alcohol in increasing quantity; then, for six days, he drank nothing but water; then drank, for three days, brandy, after which he returned to water.

Their conclusions are essentially as follows: One and two ounces of alcohol per day seemed to increase the appetite. Four ounces lessened it, and larger quantities almost destroyed it. Hence, for this man two ounces was the limit of usefulness to appetite, a much smaller quantity, long continued, would possibly have lessened the appetite.

During the first day on which alcohol was taken, the pulse increased in frequency 4 per cent., and on the sixth day, 23 per cent., the mean of the six days being 13 per cent.

Alcohol neither lowered nor increased the animal heat as far as could be observed, although the thermometer was carefully noted in the rectum and axilla. The effect of brandy was not different in this regard from that of alcohol.

Although large doses of alcohol lessened the appetite, they did not seem to impede digestion; nor did they seem to lessen the chemical changes which end in the elimination of nitrogenous excreta, of phosphoric acid and free acidity. After alcohol had been omitted for several days, the last traces of it seemed to be eliminated, the heart showed signs of unusual feebleness, and when brandy was then administered, although the heart's beats were increased in frequency, they were very much more feeble than during the administration of the alcohol.

No effect on the nervous system could be noted by any change in amount of phosphoric acid, but there were marked subjective feelings. There were, when four ounces of alcohol were taken, marked symptoms of narcotism; there was a degree of heaviness, indisposition to exertion, and loss of alacrity, with slight headache, and torpor, and sleepiness.

It is clear that any amount of alcohol over two ounces would do harm to this man, but the experiments do not show that even a less quantity might not do injury were it continued day after day. It is obvious that alcohol is unnecessary for him, and that even one ounce in the twenty-four hours produced a slight effect on the heart, which would lead to alterations in circulation, and might lead to degeneration of tissue.

As to the metamorphosis of nitrogenous tissue, it seems improbable that alcohol has any effect; it appears to us unlikely that it can enable the body to perform more work on less food, though by quickening a failing heart, it may enable work to be done which otherwise could not be so."—*Glasgow Medical Journal, Etc.*

LARGE DOSES OF IPECACUANHA IN ACUTE DYSENTERY.—Dr. John Stephens believes in the virtue of the ipecac. in inflammation of the lower bowel, in much larger doses than were formerly given. In an average dose of two scruples, its curative power, he says, is sure and complete; so enthusiastic is he in this that he regards it as much of a specific in acute dysentery as quinine is in intermittent fever. To cases in all degrees of severity, in patients of all ages and conditions, and to any stage of the disease, it is equally applicable. The severe tormina and tenesmus, the frequent bloody discharges often repeated, are symptoms that rapidly abate, and, after two or three doses of the drug, usually are nearly gone.

He gives (as his reported cases indicate) but one dose of the ipecac. each day, preceding it by a dose of opium or laudanum, given a half hour before.

In many cases there occurred no vomiting, and often nothing but nausea. In no case in Dr. S.'s experience has vomiting occurred until the ipecac. had effected its purpose in allaying the disease.

In a part of his cases he painted the abdomen with tincture of iodine or applied sinapisms, but in no case did this lessen the disposition to vomit. He gives the ipecacuanha in a little sweetened water.
---*Medical and Surgical Reporter.*

PARTIAL PARALYSIS FROM REFLEX IRRITATION.—Dr L. A. Sayre read a paper at the last meeting of the American Association, giving his observation on the production of partial paralysis of certain muscles of the lower limbs by irritation of the glans penis from congenital phymosis.

He abbreviates the history of six cases in which he found this condition to exist.

The patients were all afflicted with a variety of nervous symptoms beside the paralysis, and all, on circumcision, were relieved. He says he is satisfied "that many of the cases of irritable children, with restless sleep and bad digestion, which is often attributed to worms, is solely due to the irritation of the nervous system, caused by an adherent or constricted prepuce."

The first case he had was a boy of five years, who had such paralysis of the quadriceps that the legs were flexed at an angle of 45 degrees. The doctor, in applying electricity to the paralyzed muscles, discovered the irritation of the penis. This organ was very sore, and the slightest irritation, as of the clothing, or even a jarring of the body, caused an erection. Circumcision was performed,

and the child began immediately to improve in general health, slept well at night, and improved in appetite. In five weeks he could walk alone, with his limbs quite straight.

The second case was of a lad of 14, whom he had treated for months for slight paralysis of his legs, when it was found he had phymosis and constant irritation of the glans. He had nocturnal emissions and erection on the most trivial irritation. He was circumcised, and in six weeks had entirely recovered.

The third case was of a boy of 15, who had nervousness and "fainting fits;" he had "falling fits" because "his legs would not hold him up." He had every night painful erection and very frequent emissions; the prepuce was enormously redundant, and all the parts excessively irritable. In six weeks after circumcision, he was nearly well.

The other three cases had hip disease, which was found to have been lighted up by repeated falls due to the partially paralyzed condition of the legs from irritation of the penis. The patients were excessively nervous. On circumcision, they were relieved of all the symptoms, save those caused by the lesion of the hip.—*Transactions of the Association.*

Book Notices.

The American Practitioner: A Monthly Journal of Medicine and Surgery. Edited by David W. Yandell, M.D., and Theophilus Parvin, M.D. Published by J. P. Morton & Co., Louisville, Ky.

We have received from the publishers, the first and second volumes of this journal, neatly bound in cloth. Each volume contains six monthly numbers of the *Practitioner*, and together embrace the issues for 1870. It is one of the best and most practical medical periodicals in this country.

A Tabular History and Analysis of all the Undoubted Cases of Typhoid and Typhus Fevers, Presented at the Boston City Hospital, from June 1, 1864 to June 1, 1869. By J. Baxton Upham, A.M., M.D., Late Visiting-Physician to the Hospital. Reprinted from the First Quinquennial Volume of the Hospital Reports. Boston: 1870.

This is an elegantly printed monograph of 93 pages, into

which are condensed all the important points concerning the history and treatment of 152 cases of typhoid, and 48 cases of typhus fevers.

The author is one of the most industrious and careful observers in the profession, and the present report is a valuable addition to the literature of continued fevers. Being mostly tabular and statistical, it is not easy to give a resume, but advise our readers to peruse the report itself.

Surgical Papers of the Transactions of the American Medical Association: 1870.

The 21st volume of this work appears earlier than usual, and in excellent style. The surgical papers are of excellent quality and well worthy of perusal. The first is

Median Lithotomy; by James Little, M.D., of New York.

Median Lithotomy. The principal interest of the paper centres in its large tabular list of cases, and their results. The reader of course will remember that median lithotomy is a modification of the old Marian operation, and consists in cutting into the membranous portion of the urethra upon a grooved staff, (making the incision in the median line), and dilating the neck of the bladder gently with the finger. The forceps are then introduced and the stone extracted; if too large, it is first crushed. Dr. Little reports 96 American cases of this operation. One of these should be excluded from the list, having been unjustly performed on a person already past hope. Of the remaining 95 cases, only 2 died, being one death in $47\frac{1}{2}$ cases, which is certainly a far better record than the lateral operation can show, which, in Europe, has a mortality of one in five, and, in America, of one in sixteen.

New Operation for Imperforate Anus; by Thomas A. Healy, M.D., of Maryland.

This is a report of an operation performed, not by any means for an imperforate anus, as the title calls it, but for an anus of small size, situated too far forward. The operation consisted in dissecting around the anus and lower portion of the rectum,

cutting a place for it further back, and sliding it along, and stitching it to its proper position. The result seems to have been good.

Form of Neuralgia of the Jaw-bone, Hitherto Undescribed; by Prof. S. D. Gross, of Philadelphia.

This disease consists of a neuralgia, caused by the gradual change in the alveolar processes after the loss of teeth, by which the extremities of the dental nerves become involved in the contraction of the bony canals in which they lie, so as to be pinched, as it were, and thus rendered permanently neuralgic. Dr. Gross cured them by dissecting away the gums, and with cutting bone forceps, cutting away the alveolar processes to the very base. Five cases are detailed, all of which were successful.

Partial Paralysis from Reflex Irritation, Caused by Congenital Phymosis and Adherent Prepuce; by Lewis A. Sayre, of New York.

The paper bearing the above title is a report of a few cases in which partial paralysis existed in cases of very tight congenital phymosis, with great irritability of the glans and meatus. A rapid cure resulted in each case, after circumcision and peeling up the adherent prepuce. This observation of Dr. Sayre is certainly striking, and worthy of further attention, to see if the experience of others will confirm his ideas.

Liquid for the Preservation of Wet Anatomical Preparations; by B. Titcomb, of Maryland.

This document gives a formula for a preserving fluid which may be usefully employed, but contains nothing new in principle. It preserves specimens and even entire subjects for dissection. The following is the formula:

- R Chloride of sodium, \mathfrak{z} iss.
Sulphate of alumina (doubtless meaning sulphate of alumina and potassa, or common alum), \mathfrak{z} iss.
Nitrate of potassa, \mathfrak{z} vj.
Water, s \mathfrak{z} xij.

Preparatory to being placed in this fluid, the specimen is immersed in pure water 12 hours, and then in creasote water 12 hours more.

This solution will doubtless keep specimens perfectly as I have long ago proved by experiments with similar mixtures; but it ought properly to be stated that either the salt or alum alone will do the same thing. The creasote might quite as well, and at a much cheaper rate, be supplanted by carbolic acid. The only use of the nitrate of potassa is to preserve something of the red color of the muscles. A solution of one part of alcohol, eight parts of water, and five grains to the ounce of carbolic acid is often used to preserve specimens in the museum of the Chicago Academy of Sciences.

Case of Congenital Occlusion of the Rima Glottidis; by Louis Elsberg, A.M., M.D., of New York.

This volume of the Transactions seems to abound in the erroneous use of terms by the authors. Above we noticed a paper on an "imperforate" anus, which was not imperforate, but only narrowed and misplaced, and now we have an "occlusion" of a rima glottidis, which is not occluded, (closed up), but only diminished in size by the adhesion of most of the anterior portion of the edges to each other. It was relieved by excising a portion of the obstructing membrane.

New Method of Reducing Dislocation at the Shoulder-joint; by Samuel Logan, M.D., of New Orleans.

This method consists in laying the patient supine upon the floor, while the surgeon sits at the same level opposite the afflicted shoulder, or a little toward the feet, at such a distance that his feet will just reach the patient's body. Taking the injured arm by the wrist, the surgeon places one heel just below the axilla, taking pains not to press the head of the humerus at all with his heel, while the rest of his foot, a little everted, rests against the ribs. The surgeon then places the ball of the great toe of the other foot against the acromian process above the shoulder, taking pains not to encroach too much with the foot upon the cavity of the joint. In this position he begins to make extension, at first a little downwards, and then squarely outwards, about at right angles to the line of the patient's body. If there is difficulty in accomplishing the reduction, the arm is brought downwards towards the feet, and pried as a lever

across the heel, so as to throw the head of the bone into the joint.

A Contribution to Plastic Surgery; by Gurdon Buck, M.D., of New York.

This describes a case of deformity resulting from mortification of the right upper lip, cheek, and ala of the nose. Dr. Buck, by a series of four ingenious operations, removed most of the deformity; but the various steps are too numerous to be detailed here. The paper is illustrated by four beautiful colored lithographs. There is no absolutely new principle introduced, but the series of operations constitute a fine study in plastic surgery.

Case of Formation of Bone in the Eye; by Chas. M. Carleton, of Conn.

This paper is a report of a case where a patient was attacked with neuralgia of the right eye and total loss of its vision. After a time it was extirpated, when between the retina and the choroid there was found a "large, irregular, cup-shaped formation of true bone."

A New Mode of Amputation at the Ankle-joint; by J. N. Quimby, of New Jersey.

This is a relation of cases of amputation at the ankle by a modification of Pirogoff's operation. His incisions of the soft parts are made after the manner of Pirogoff, but his next step is to dissect out the astragalus, and saw off the anterior portion of the *os calcis* obliquely, downward and forward. Next, without removing any of the *tibia* nor *fibula*, nor even the cartilage, the cut end of the *os calcis* is placed against the articular surface of the *tibia* and retained by sutures and adhesive straps. The wounds healed by first intention in a very short time, making stumps on which the patient walked with ease. I incline to think this modification is worthy of further trial.

A New Method of Lithotrity; by E. M. Moore, M.D., of Rochester, N. Y.

This a paper which, though brief, has a good deal of merit. Dr. Moore proposes to complete the operation of lithotrity and

remove all the fragments at one sitting. The description of his instruments is so brief that it is impossible to get a clear idea of them; the principle, however, is this: A steel catheter carries a folded steel net, which, when inserted into the bladder, can be expanded, and made to surround the stone and draw it against the end of the instrument. A scraping instrument then cuts the stone to pieces and allows of all the debris being brought away at one sitting. He reports one case which was highly successful. The instrument must be extremely curious and ingenious.

On the whole, this volume presents a very creditable surgical array, and is, perhaps, in that respect better than any of its predecessors.

Prize Essay on the Treatment of Aneurism: by Benjamin Howard, A.M., M.D., New York.

In noticing the surgical papers of the transactions previously handed you, this paper was accidentally omitted.

It is one of very considerable merit, being an original experimental investigation into the effects of a new method of ligating arteries for aneurism.

Part first consists of an examination of the nature and effects of atheromatous deposits in producing aneurism. The author considers atheroma as not a growth from the walls of the vessels, but a deposit from the blood within it.

This deposit consists of granules, oily globules, and cholestrine, and exists as elevated patches on the inner surface of the vessels. Where the patch is attached, the coats of the artery undergo atrophy, and the patch itself degenerates in various ways. After a time the weakened spot in the vessel yields to the force of the blood and dilates into an aneurism.

He then goes on to maintain, that when the blood in an aneurism is suddenly stopped in its motion by a tight ligature, it coagulates into a black clot, which is essentially a dead, foreign body, and must be either absorbed or excite inflammation and suppuration, and thus be cast out. On the contrary, if the flow of the blood is simply diminished, the aneurism is gradually

filled with the white, or rather the buff clot, which becomes permanently organized, and excites no suppuration or inflammation.

To illustrate this subject he performed thirteen operations upon the caroted arteries of sheep. Three of these consisted in tying the common carotid artery with silver and lead ligatures tightly closed, so as to completely arrest the flow of blood. The wires were cut off close and left in the wound. The incisions all healed by first intention, but after a month or two, a dissection always showed the formation of an abscess containing the ligature, and the clot was imperfect.

Ten of the experiments consisted in tying the artery with metallic ligatures (usually silver wire) applied loosely, so as only to obliterate from half to two-thirds of the calibre of the artery. The ligatures were cut off close, and the wounds healed over them by first intention, as before. In these cases the arteries became occluded as before, but there was no inflammation and no abscess, though some of the ligatures were left in the flesh two years. The clot, also, was better organized, and all the appearances more perfect than in the former cases. The experiments are illustrated by eighteen excellent lithographs.

This method of ligation would seem to promise much better results than the old methods, and is certainly worthy a fair trial by the surgeon.

Any investigation tending to diminish the mortality of ligations of large vessels, is of great importance, for, notwithstanding the fascinating beauty of the operation from a mere surgical point of view, there is a heavy mortality accompanying it. The average deathrate from ligatures of all the large arteries, is over thirty-three per cent., and ligatures of the femoral artery are more dangerous than amputations of the thigh.

E. ANDREWS, M.D.,
81 Monroe St., Chicago.

Annual Report of the Surgeon-General of the United States Army: 1870.

This document is a condensed pamphlet of only ten pages.

The receipts of the Department have been \$1,946,878.95, and the expenses very much less, leaving a balance unexpended in the Department of \$1,607,064.22.

During the year there have been furnished to soldiers, officers and sailors, 171 artificial legs, 112 arms, 6 feet, and 12 pieces of other apparatus.

The average number of the white troops during the past year on sick report was 1,419 or about 5 per cent. of the army, which is a gratifying state of health, considering that much of it has been in the field, watching the Indians. Of these cases, 263 were for wounds and injuries. The total number of deaths was 374, which was twelve per thousand of mean strength, and is equivalent to a little over one per cent. Among the colored troops the mortality was about fifty per cent. greater, being nineteen per thousand of mean strength. The causes of this difference are not stated.

The record department of the office seems to be progressing with its work, wounds, operations, etc., to the extent of about 25,000 cases having been searched out and recorded. For the purposes of illustration, 3,029 photographs have been printed, 106 wood-cuts made, and 425 pages of the great forthcoming Medical and Surgical History of the War printed. The printing of the first volume of this work, which will contain 750 pages, is nearly completed. The whole of the second, or surgical volume, is also prepared.

This work will contain, among other important surgical matter, 29,572 cases of amputation and 4,775 cases of excision. Owing to the later information of the history of these cases obtained through the Pension Bureau, these statistics will be the most complete, as well as the most extensive, ever published on this subject.

The Army Medical Museum has been much increased, and contains 13,502 specimens, among which are 894 skulls and 34 skeletons.

The museum during the year received about 18,000 visitors, some of whom came expressly for the purpose from Europe, and several great foreign works on surgery are copiously illustrated from specimens in the museum.

The Surgeon-General has received the most flattering testimony from distinguished European surgeons of the value of the documents already published.

Transactions of the Twentieth Anniversary Meeting of the Illinois State Medical Society, held in Dixon, May 17-18, 1870.

The Transactions, though late in distribution to members, have been published in good style, and make a volume of 141 pages. The volume contains a pretty full record of the proceedings of the Anniversary Meeting, with the following reports and papers: Report on Practical Medicine, a paper by James S. Whitmire, M.D., of Metamora, and one on Blood-letting Not Necessary in Pneumonia, by D. W. Young, M.D., of Aurora; Report on Surgery, by Moses Gunn, M.D., of Chicago; On Drugs and Medicines, by Chas. Hunt, M.D., of Dixon; On Ophthalmology, by E. L. Holmes, M.D., of Chicago; On Otology, by S. J. Jones, M.D., of Chicago; On Statistics of Diseases of the Ear, by E. L. Holmes, M.D., of Chicago; On the Use of Plaster of Paris in Fractures, by R. E. Bogue, M.D., of Chicago; Amputation at the Hip-joint, for Disease of the Hip and Knee-joints, by E. Powell, M.D., of Chicago; On the Communication from the American Medical Association, in Relation to Licenses to Practice, by N. S. Davis and D. Prince, Special Committee; List of Members; Constitution and By-Laws of the Society; and Code of Ethics. Several of the reports have been published in the *Examiner*, but any reader will find enough new matter to fully remunerate him for obtaining a copy of the Transactions in full.

Any information concerning the volume may be obtained by addressing the Permanent-Secretary, Dr. T. D. Fitch, M.D., of Chicago.

UREA IS FOUND IN THE LIVER.—The latest researches on the origin of urea have demonstrated that the kidneys do not secrete, but merely excrete urea, and that the liver is in part, at least, the source of it.—*Lancet*.

Editorial.

AMERICAN MEDICAL ASSOCIATION.—All who have faithfully attended the meetings of the Association, and participated in its doings with a sincere desire to make it the instrument of advancing the scientific, as well as social interests of the whole profession, have felt the embarrassments consequent on the incomplete preparation of many papers and reports on the part of those who present them; the absence of all knowledge at the opening of each annual meeting, in reference to the special reports and papers that are to be presented in each section, and the order in which they are to come up for consideration. The Association meets in general session the first morning, and after the preliminary business is disposed of, the list of special committees is called, and opportunity for the announcement of volunteer papers given, and such reports and papers as are announced by their titles are referred to the appropriate sections. By the time this work is completed, it is, perhaps, within an hour of the time for the sections to meet. Unless the authors of reports and papers are watching closely the action of the Association, and taking particular pains to learn early the location of the several section-rooms, they often lose a part or all of the first session of the section before they find out where they are expected to present the results of their labor; and the great majority of the members are still more in the dark as to the time when, and place where, any particular report or paper is to be read and discussed. Efforts have been made, and rules adopted from time to time, for the express purpose of removing these embarrassments.

And if the present by-laws of the Association were generally understood and adhered to, they would be entirely obviated and the value of the transactions greatly increased. We would call special attention to a by-law that was adopted and first became operative at the last annual meeting. After providing for the more perfect and efficient organization of the sections by the election of their officers at the same time, and in the same manner, as the officers of the general body, it further provides as follows:

"Papers appropriate to the several sections, in order to secure consideration and action, must be sent to the *Secretary* of the appropriate *Section*, at least *one month* before the meeting which is to act upon them. It shall be the duty of the Secretary, to whom such papers are sent, to examine them with care, and, with the advice of the Chairman of his section, to determine the time and order of their presentation, and give due notice of the same; and, after their full examination and discussion by the section, they shall be sent to the Permanent-Secretary of the Association."

If writers, in compliance with this rule, would thus place their papers in the hands of the Secretary of the section in which they wish to have them read and considered, three or four weeks in advance of the annual meeting, it would enable each Secretary to place on a bulletin-board in the public hall, at the opening of each annual meeting, the titles of the several papers and the order of their reading in each section. This would secure a prompt and fair attendance in each section-room and a fair consideration of each paper or report. To facilitate this work, we append the names and residences of the present officers of the several sections, as follows:

Chemistry and Materia Medica—Chairman, Dr. D. W. Yandell, of Louisville, Ky.; Secretary, Dr. H. S. Hurd, of Galesburg, Ill.

Practical Medicine and Obstetrics—Chairman, Dr. H. R. Storer, of Boston, Mass.; Secretary, Dr. J. K. Bartlett, of Milwaukee, Wis.

Surgery and Anatomy—Chairman, Dr. J. L. Atlee, of Lancaster, Pa.; Secretary, M. Horace Carpenter, of Salem, Oregon.

Meteorology, Medical Topography, and Epidemics—Chairman, Dr. N. S. Davis, of Chicago, Ill.; Secretary, Dr. C. C. Hildreth, of Zanesville, Ohio.

Medical Jurisprudence, Physiology, and Hygiene—Chairman, Dr. Theophilus Parvin, of Indianapolis, Ind.; Secretary, Dr. J. A. Murphy, of Cincinnati, Ohio.

Psychology—Chairman, Dr. J. H. Griscom, of New York City; Secretary, Dr. O. F. Rennick, of Mo.

If our brethren of the medical press, in all parts of the country, would now call the attention of their readers to the necessity of more rigidly complying with the by-laws to which we have alluded, they would do more good than by any amount of complaining *after* the next meeting.

OPHTHALMOLOGY AND OTOLGY.—Samuel J. Jones, M.D., Professor of Ophthalmology and Otolgy in the Chicago Medical College, has been appointed one of the surgeons to Mercy Hospital, and has charge of all cases of diseases involving the eye and ear.

We often receive letters asking for information in regard to the best place for patients to be well cared for, and at the same time secure special treatment for the organs just named.

To all such inquiries we would say, that we know of no better place in our country than the wards of the Mercy Hospital in this city.

CORRECTION.—Two of the abridged articles in our last number failed to get to the author for proof reading, and, as a result, they present several ridiculous errors.

In the article, "*Apomorphia*," this name is put *Opomorphia*; "in its clinical reaction," should be in its *chemical* reaction; "cholera," should be *chorea*.

In the article on, "*A peculiar inflammation of the lower lip*," the types make us say, "undiscovered," for *undescribed*; "molecular masses," for *nodular* masses; and, "permuculous," for *parenchymous*.

THE VOLUME FOR 1870-71.—We have a few complete copies of Volume 11 of the *Examiner*, for 1870. And to any new subscriber, who will send us *five* dollars, we will send, postage paid, the volume for 1870 at once, and the monthly numbers for 1871 as they are issued. The present number commences the *twelfth* volume, and affords a good opportunity for new subscribers to commence.

MORTALITY FOR THE MONTH OF NOVEMBER, 1870.

Accidents, Asphyxia	3	Diarrhœa	2	" abscess of	1
" burns	1	" chronic	4	" inflammation of	1
" drowned	1	Delirium Tremens	2	" hypertrophy of	2
" fracture of skull	1	Diphtheria	19	Lungs, congestion	1
" thrown from wagon	1	Dropsy, general	1	" hemorrhage	1
" shot	1	" abdomen	1	Malformation, general	1
" run over by Hack	1	Dysentery	2	Meningitis	3
" petroleum	2	Enteritis	2	" cerebro-spinal	2
" scalded	2	Epilepsy	1	" tubercular	5
Abscesses	1	Erysipelas	2	Necrosis of cranial bone	1
Abdomen, tumors of	1	Fever, congestive	1	Old age	4
Anasarca	1	" puerperal	3	Parotitis	2
Apoplexy	10	" intermittent	2	Pericarditis	1
Ascites	1	" scarlet	10	Peritonitis	2
Asphyxia	1	" malignant	1	Peritonitis puerperal	1
Bowels, gangrene of	1	" typhoid	35	Peritoneum inflamm-	1
Brain, congestion	3	" remittent	3	tion of	1
" inflammation	5	" complications	2	Pharyngitis	1
" softening	1	Hæmatemesis	1	Pneumonia	13
" compression of	2	Hemorrhage, internal	2	" & complications	2
" disease of	1	Heart diseases	3	" typhoid	4
Bronchitis	4	" dropsy of	1	Pupura hæmorrhagica	1
" capillary	2	" hypertrophy of	2	Pyæmia	1
" chronic	3	" neuralgia of	1	Rheumatism	1
Cancer of liver	1	" organic disease of	1	Srofula	2
" stomach	2	" valvular disease	5	Stomach, chronic inflam-	1
" uterus	2	Hepatitis	1	mation of	1
" breast	1	Hydrocephalus	1	Suicide by morphine	2
Child birth	1	" acute	1	" drowning	2
Cholera Infantum	2	Inanition	4	" arsenic	1
Consumption	49	Intemperance	1	Tabes mesenterica	14
Convulsions	40	Icterus	1	Teething	4
" puerperal	1	Kidneys, Bright's dis-	1	" and complications	1
Colitis	2	ease	5	Trichiniasis	1
Croup	46	Larynx contraction of	1	Vertebræ, caries of	1
" diphtheretic	8	Laryngitis	1	Whooping-cough	2
Cyanosis	1	Liver, disease of	1		
Debility general	7	" induration	1	Total	422

AGES.

Under 1	86	10 to 20	23	70 to 80	9
1 to 2	54	20 to 30	44	80 to 90	4
2 to 3	25	30 to 40	41	90 to 100	1
3 to 4	21	40 to 50	38		
4 to 5	15	50 to 60	19	Total	422
5 to 10	31	60 to 70	11		

Males	231	Females	191	Total	422
Single	299	Married	123	Total	422
White	417	Colored	5	Total	422

COMPARISON.

Deaths in Oct., 1870, --- 422 | Deaths in Oct., 1869, --- 491 | Decrease, --- 69
 Deaths in Sept., 1870, ----- 559 | Decrease, ----- 137

NATIVITY.

Austria -----	1	England -----	10	Norway -----	10
Bohemia -----	7	France -----	1	Poland -----	1
Canada -----	6	Germany -----	49	Russia -----	1
Chicago, Native ---	58	Holland -----	3	Switzerland -----	
Chicago, Foreign ---	143	Ireland -----	49	Scotland, -----	4
U. S., other parts ---	64	Italy -----		Sweden -----	8
Denmark -----	2	India -----	1	Unknown -----	4
					Total, ----- 422

MORTALITY BY WARDS FOR THE MONTH.

Wards.	Mortality.	Wards.	Mortality
1 -----	5	18 -----	33
2 -----	12	19 -----	7
3 -----	21	20 -----	11
4 -----	7	Accidents -----	13
5 -----	4	Bridewell -----	1
6 -----	19	County Hospital -----	10
7 -----	15	Home for Friendless -----	1
8 -----	38	Half Orphan Asylum -----	1
9 -----	34	Marine Hospital -----	3
10 -----	22	Immigrants -----	1
11 -----	13	Scammon Hospital -----	1
12 -----	13	Mercy Hospital -----	9
13 -----	8	Protestant Orphan Asylum -----	1
14 -----	9	St. Joseph Orphan Asylum -----	4
15 -----	51	Suicide -----	4
16 -----	20		
17 -----	32	Total, -----	422

WHEN TO GIVE ARTIFICIAL FOOD TO INFANTS.—Dr. Brinton (*Trans. Lond. Obstet. Soc.*), advocates giving artificial food to babies, such as corn-flour with milk, when the first teeth come, and the child begins to bite his mother's nipple. When the child's mouth is toothless, its office is to suck the breasts. He orders milk and water until the teeth appear, to infants brought up by hand.

CATHETERISM OF THE LARYNX.—Dr. Weinlecher, of Vienna, considers catheterism of the larynx, next to tracheotomy, the safest and most rational resort in cases of imminent suffocation from croup and diphtheria.

RECEIPTS FROM NOVEMBER 25, TO DECEMBER 25, 1870.—Dr. R. N. Isham, City, \$6.00; Dr. Theodore Hoffman, City, 3.00; Dr. J. M. Boslaw, Yale, Ill., 3.00; Dr. J. V. Goltza, Blue Mound, Ill., 3.00; Dr. Radbourg, Diana, Ill., 3.00; Dr. J. Culbertson, Toulon, Ill., 3.00; Dr. A. B. Hanna, Saltello, Tenn., 6.00; Dr. A. L. Marston, Auburn, Wis., 12.00; Dr. J. Guinan, New Lebanon, Wis., 5.00; Dr. W. M. Barbourk, Barrington, Ill., 3.00; Dr. H. L. Butterfield, Wau-
pon, Wis., 6.00; Dr. B. Hawley, Aurora, Ill., 5.00; Dr. L. Carey, Warsen, Ind., 3.00; Dr. E. R. Atwood, Lastorm, Ill., 5.00; Dr. D. Newell, Philiptown, Ill., 3.00; Dr. E. J. Patterson, Batavia, Ill., 3.00; Dr. J. Tefr, Elgin, Ill., 3.00; Dr. J. W. Morrill, New Lisbon, Wis., 3.00; Dr. George R. Bibb, Denver, Col. 6.00; Dr. LaCount, Chilton, Wis., 6.25; Dr. S. D. Mercer, Omaha, Neb., 3.00; Dr. T. P. Sully, City, 12.00; Dr. O. W. Sadler, Byron, Minn., 3.00; Dr. D. W. Stewart, Ottumwa, Iowa, 6.00; Dr. D. C. Roundy, Davenport, Iowa, 6.00; Dr. M. J. Whitman, City, 3.00; Dr. Edward Young, Warren, Ind., 6.00; Dr. W. Fleming, Port Byron, Ill., 6.00; Dr. J. F. Kelsey, Pishtigo, Wis., 3.00; Dr. J. B. LeBland, Brownville, Minn., 3.00; Dr. V. H. Coffman, Omaha, Neb., 4.00; Dr. Curtis, Kansas City, Mo., 3.00.

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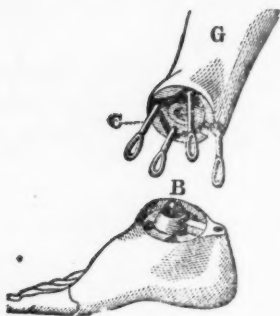
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